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ABSTRACT

This manual, which provides guidelines for effective adoption services for children in residential group child care who need new, permanent families, emphasizes interagency collaboration and communication as critical to effective adoptive plans. The manual is intended for public agency social workers responsible for placement and permanency planning, adoption social workers in public or private adoption agencies, and group care staff (primarily social workers) who are responsible for family services and planning for children. After a brief introduction in Chapter I and an overview of permanency planning and adoption in perspective in Chapter II, the remaining chapters are organized around the phases in the adoptive process. Chapters III through VII consider, in order, the following topics: deciding on the adoption alternative; clearing the child legally for adoption; finding and preparing the adoptive family; preparing the child; and the placement process. The concluding chapter includes a section on planning for children in group care who have some adoptive experience in their background. In addition, guidelines are provided for the development in other states or localities of an interagency project similar to the Group Care/Adoption Project. Included in the Appendix are reading references, an adoption agency resource list, a statement of legal provisions for the termination of parental rights in North Carolina, and an adopted child's personal "life story book." (DST)

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THE
GROUP CARE/ADOPTION PRACTICE MANUAL

Guidelines for Adoptive Planning for Children in Group Care

Patricia B. Sipp, Editor

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Group Child Care Consultant Services
School of Social Work
University of North Carolina at Chapel Hill

November, 1983

THE GROUP CARE/ADOPTION PRACTICE MANUAL

GUIDELINES FOR ADOPTIVE PLANNING FOR CHILDREN IN GROUP CARE

Patricia B. Sipp, Editor

Group Child Care Consultant Services
School of Social Work
University of North Carolina at Chapel Hill

September, 1983

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School of Social Work
University of North Carolina
Chapel Hill, North Carolina 27514

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PREFACE

This Manual is designed for the use of agency personnel involved in planning for children in residential group child care who need new adoptive families. These persons include social workers in adoption, in group child care, and in foster care services.

During 1980-82 a pilot project, the Group Care/Adoption Project, was conducted in North Carolina and South Carolina. Representatives of group care and adoption agencies were involved together in learning and planning for adoption for children in group care. The guidelines presented herein are the outgrowth of this project.

The focus of the project's work was primarily on planning for children in group care who are in the custody of public agencies. The Manual's guidelines are also applicable, however, to children in group care who are in the custody of their parents or relatives.

The Group Care/Adoption Project was a special project of the Region IV Adoption Resource Center, with additional support from The Duke Endowment and from Group Child Care Consultant Services, University of North Carolina School of Social Work.

Imagine that a child in group care moving toward adoption is a passenger in a rowboat going across the lake. The group care agency is working one oar; the placing or adoption agency is working the other oar. It takes both oars rowing in harmony to make the rowboat move forward -- one oar alone will move the boat around and around in a circle instead.

The purpose of this Manual is to help rowboats move smoothly across the lake.

ACKNOWLEDGEMENTS

Grateful acknowledgement is due to a number of persons and agencies whose help and support made possible both the project and these guidelines.

To the agencies which supported the participation of their representatives on the North Carolina Project Task Force and the South Carolina Project Task Force, and to these Task Force members for their energy, creativity, and commitment to collaborative work on behalf of the needs of children;

To The Duke Endowment, the NC/SC Liaison Committee, and the Region IV Adoption Resource Center, for provision of financial support to the project;

To Clifford W. Sanford, Executive Director of the Group Child Care Consultant Services, for seeing the need and creating the initial idea for the project, and for ongoing leadership to it;

To the Task Force members and their colleagues who contributed directly to the writing of the Manual: Marie Aldridge, Crossnore School, N.C.; Helen Alspaugh and Lynda Purcell, Guilford County DSS, N.C.; Peggy Baird-Richter, Grandfather Home, N.C.; Marsha Horn and Eunice Bonner, Spartanburg Boys Home, S.C.; Frank Lewis and Caroline Burry, The Children's Bureau, S.C.; Miriam Dawson, Connie Maxwell Children's Home, S.C.; Cecille Erwin, Chester County DSS, S.C.; Charles Hodge, Mecklenburg County DSS, N.C.; Karen Lynch, Elon Home for Children, N.C.; Ruth McCracken, The Children's Home Society, N.C.; and Parker McLendon, North Carolina Child Care Association;

To Kathryn S. Donley and Rochelle Haimes, from N.Y. Spaulding for Children and the Barium Springs Home for Children in N.C. respectively, for their consultation and leadership to the project and their review of the Manual;

To reviewers of the Manual who, along with Task Force members, made valuable suggestions: Ann Sullivan, National Child Welfare Leadership Center, formerly Director of the Region IV Adoption Resource Center; John Wolff, Southeastern Exchange of the U.S., formerly on the staff of the Region IV Adoption Resource Center; Melinda Hamrick, Moore County (N.C.) Department of Social Services; Robin Peacock, Barbara McIntyre, and Rebecca Heartz, N.C. Division of Social Services; Diane Thompson, S.C. Department of Social Services, and Erwin H. Plumer, Group Child Care Consultant Services.

And, most especially, to the children in group care, from whose experiences we have learned.

Patricia B. Sipp
Project Coordinator

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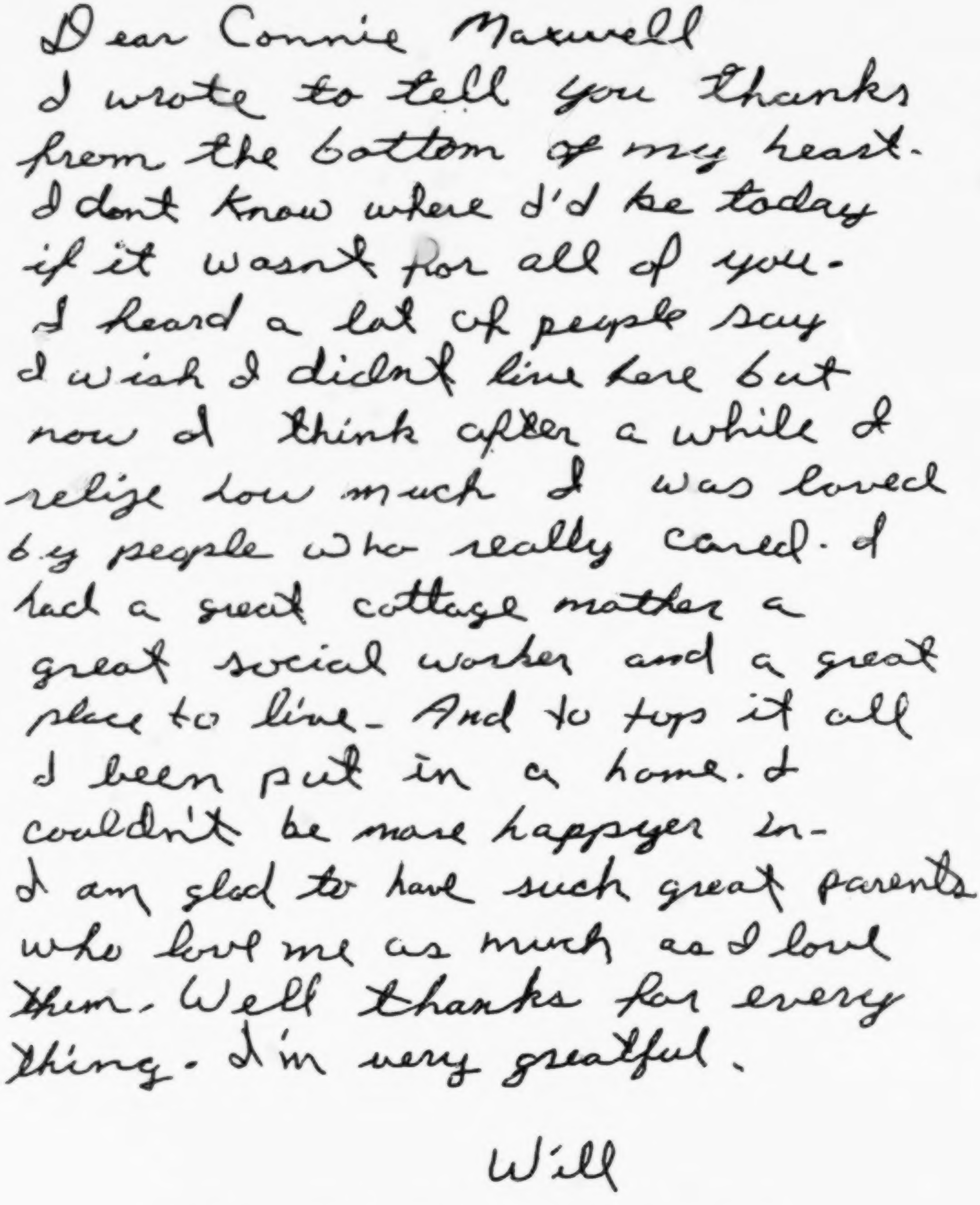
LETTER FROM WILL



Dear Connie Maxwell
I wrote to tell you thanks
from the bottom of my heart.
I dont know where I'd be today
if it wasnt for all of you.
I heard a lot of people say
I wish I didnt live here but
now I think after a while I
relize how much I was loved
by people who really cared. I
had a great cottage mother a
great social worker and a great
place to live. And to tops it all
I been put in a home. I
couldn't be more happyer in.
I am glad to have such great parents
who love me as much as I love
them. Well thanks for every
thing. I'm very greatful.

Will

This letter was written by a 12 year old boy back to his group care agency from his new adoptive family home.

CHAPTER I.
INTRODUCTION[1]

A. PURPOSE

The intention of the Group Care/Adoption Practice Manual is to provide guidelines for effective adoption services for those children in group care who need new, permanent families.

It is clear that not all children in group child care are in need of adoption. Children in planned short-term placement for treatment purposes prior to their return home, children whose families are actively working to resolve problems toward reunification, and children in planned permanent placement in group care facilities are obviously not in need of new permanent families. These children are not the focus of this Manual.

There are, however, children in group care on a "temporary" basis which goes on and on and on--the "maybe next year things will work out" kind of placement which is often described as "foster care drift"--with no realistic likelihood of ever returning home and no other concrete plans for their future. There are also children in group care who, as an outcome of an intensive family clarification process,[2] have been voluntarily released by their parents for adoptive placement. And there are children in care for whom the permanent plan is adoption, with group care placement as a planned aspect of the preparation for that goal. It is to these children, and their futures, that this Manual is dedicated.

Children in group care who are moving toward adoption have a number of adults working with and for them. The core persons involved are the group care staff, including the child's group care social worker and child care worker, and the social worker from the adoption agency. The social worker who represents the agency with custody or placement responsibility (usually the public child welfare agency) will often be involved at least at some points in the process. Another agency's social worker represents the adoptive family, in many instances. In addition, the supervisors, administrators, and board members of these child caring, child placing, and adoption agencies will have an influence on the process.

This inter-agency work can become extremely complex. Yet a smooth, collaborative, planful process carried out by all these adults together is critical to the effectiveness of the adoptive plan for the child.

---

[1] Please see Appendix G for the authors of each chapter.

[2] See J. Heyward Prince, Alan Keith-Lucas, and Miriam C. Dawson, Manual of Procedure: Family Clarification Program, The Practice Monograph Series No. 5, Chapel Hill, N.C.: Group Child Care Consultant Services, 1982.

This Manual is written for all of these adults in their work together on behalf of children in group care who need new permanent families.

Specifically, the Group Care/Adoption Practice Manual is intended for use by three types of workers involved in adoption for children in group care:

- public agency social workers who are responsible for placement planning and permanency planning for children in group care;
- adoption social workers in public or private adoption agencies; and
- group care staff, primarily social workers, who are responsible for family services and planning for children.

The Manual includes:

- essential information about group care needed by custody and adoption workers;
- essential information about adoption needed by group care staff; and
- guidelines on working together in making and carrying out an adoptive plan.

For many readers the Manual will contain some new information as well as some information which is familiar and may at times seem somewhat superficial. The focus of the Manual is on those aspects of group care/adoption where information needs to be shared and where joint work is essential.

B. ORGANIZATION AND USE OF THE MANUAL

This Practice Manual is organized by the phases in the adoptive process, except for Chapter II which sets the stage.

Chapter II provides an overview of permanency planning, the necessary prerequisite to consideration of adoption for a child. Group care staff and others are introduced to current thinking and practice in "special needs" adoption, and adoption staff and others are introduced to current thinking and practice in group care. Both fields are changing radically and, despite their historic separateness, have much in common. In addition, this chapter addresses in a beginning fashion a major thrust of the whole manual which is that group care/ adoption collaboration on behalf of plans for specific children is possible and indeed essential in this new day of services to families and children.

> A review of Chapter II is recommended for all readers before delving into the rest of the Manual.

Chapter III begins the focus on specific stages in the adoptive planning process. Chapters III through VII consider, in order, the following aspects: deciding on the adoption alternative; clearing the child legally for adoption; finding and preparing the adoptive family; preparing the child; and the placement process. Each of these chapters contains:

- a narrative description of the processes involved;
- an outline of the possible barriers to effective accomplishment of these processes, coupled with strategies to overcome them;
- a checklist summary of tasks necessary to accomplish each specific aspect of the process.

There are many different ways to accomplish the tasks involved in making adoption a reality for a child in group care. The decisions as to who, from which agency, will do which tasks, must depend on the capacities and inclinations of each agency staff member involved and on the shared decision-making in which all must engage. For this reason, the checklist summaries in Chapters III-VII are simply lists of tasks to be done, without task assignments being made. The important thing is that staff from the agencies involved sit down together early in the process to consider each task and to decide, on the basis of agency capacities and the uniquenesses of each situation, how each task can best be handled and how communication among the agencies will be maintained through the process.

> Readers who are unfamiliar with placing children from group care into adoptive homes will benefit from a sequential review of Chapters III-VII. Following this review by all the agency staff involved in the adoptive plan for a child, the checklist summaries will be useful during inter-agency planning sessions as guides to issues which need to be resolved.

The concluding chapter includes a section on the planning and caring needs of children who are placed in group care after an adoptive plan or placement has broken down. Preliminary guidelines are provided for such situations, as well as discussion of further work which is needed in this area of practice. In addition, guidelines are provided in Chapter VIII for the development in other states or localities of an inter-agency project similar to the Group Care/Adoption Project in North Carolina and South Carolina.

Included in the Appendix are references for further reading in adoption, in group care, and in permanency planning, as well as other resource materials which have been identified by Task Force members as helpful.

C. DESCRIPTION OF THE GROUP CARE/ADOPTION PROJECT

In the summer of 1980 a two-year demonstration project to provide children in group care with permanent homes began in North and South

Carolina. The Group Care/Adoption Project was designed to increase continuity of effort between two important components of the continuum of services to families and children: adoption and residential group care. The primary goals of the Project were to develop and test strategies which facilitate the movement of selected children from institutional placements into permanent adoptive homes, and to develop guidelines based on the pilot project for use in other states and localities.

Project funding came from three sources: the Region IV Adoption Resource Center; The Duke Endowment, a foundation with long-standing interest in child care and child welfare services in North and South Carolina; and the Group Child Care Consultant Services, School of Social Work, University of North Carolina. Participating adoption and group care agencies provided the time and travel expenses for their representatives involved in project activities.

The idea for the project grew from the GCCCS Annual Winter Seminar for Social Workers in early 1980, which focused on the topic "From Group Care to Family Living: The Adoption Alternative," under the leadership of Kathryn S. Donley, Executive Director of New York Spaulding for Children. Several premises served as the basis for the project's plan:

- There are a number of children in group child care placement who would benefit from the permanency of adoption. While data are not available as to the number or percentage of children in care who might be in need of adoption, clearly for some children adoption is the best resource for permanency.
- Specialized adoption service is a growing and effective field of practice for children of all ages and conditions. The new philosophy, approach, and techniques of specialized adoption services are quite different from those of the infant adoption field and hold much promise for older children, handicapped children, family groups of siblings, and other children with special needs.
- Little has been done to date to define the specific problems involved or the specific strategies needed to achieve effective adoptive placement for those children in group care for whom adoption is a feasible option for permanency.

An additional factor in the development of the project was the conviction that the most effective and long-lasting change occurs when those who are affected are involved from the very beginning. Consequently, primary direction for project activities came from a project Task Force created in each state and made up of representatives of group child care agencies and adoption agencies, in equal numbers. In both states an invitation to participate was extended to all the group care agencies which receive support from The Duke Endowment (22 agencies in North Carolina, 18 in South Carolina). Five agencies in each state agreed to become involved, based on their interest and their capacity to commit staff time. An equal number of adoption agency representatives was selected, in consultation with the Department of Social Services state office in each state, and invited to join the project effort; all those invited agreed to participate. Task Force members are listed in Section D. below. The Task Forces met at least quarterly during each of the two years of the project to learn and plan together, to provide guidance to project staff, and to contribute to the development of this Practice Manual. Due to a variety of state-specific factors, the project worked in the two states separately but simultaneously, with the exception of one joint training session.

A target group of children in group care was selected in each state for project focus. These were children for whom adoption was being considered by at least one of the agencies involved in their planning. The progress of planning for these children was followed closely by the project to identify effective strategies as well as barriers and to facilitate the adoptive placements. Training, technical assistance, and case consultation were provided as requested by the agencies involved with the children. The Task Forces provided guidance in overcoming barriers in these cases through their joint discussions and deliberations.

Altogether, 63 children were included in the target groups. The number varied through the course of the project as new children came into group care with adoption as their goal, as children moved into adoptive homes, and as children left group care before planning for permanency had been completed. The children ranged in age from eight to seventeen. Sixty percent were boys; 64% were in groups of brothers and sisters; 20% were Black children. About half of the children were legally free for adoption at the time the project began; one-fourth were in the process of becoming legally cleared; and the remaining children were in "temporary placement" status, with the agencies and families involved working to clarify options for permanency. As agency representatives involved in the project became more knowledgeable and confident regarding adoption of children in group care, a number of additional adoptions were facilitated without formal inclusion of the children in the target groups.

An additional aspect of the interface between group care and adoption--the placement of adopted children into (or back into) group care--was not addressed in the two-year demonstration project. Much work remains to be done in this area, both in research on the incidence of this phenomenon and the characteristics of these children, and in testing and documenting effective methods to care for and plan for them. Group care agencies are sensing an increase in admissions of children following adoptive placement and, with some justification, become extremely cautious about consideration of adoption as a permanent resource for these or other children in their care. It is clear that the issues related to adopted children coming into group care must be taken into account by permanency planners who are interested in adoption as an alternative for children in temporary group care placement.

D. MEMBERSHIP ON THE PROJECT TASK FORCES

Group Care Agencies

Adoption Agencies

North Carolina Task Force

Boys and Girls Homes of N.C.
Bill Morrison, Director of Social Services, Lake Waccamaw Campus (1981-82)
Bruce Kirk, Resident Director, Girls' Haven (1980-81)
Lake Waccamaw, N.C.

Crossnore School
Marie Aldridge, Family Services Director
Crossnore, N.C.

Elon Home for Children
Karen Lynch, Social Worker
Elon College, N.C.

Grandfather Home for Children
Peggy Baird-Richter, Director of Family Services
Banner Elk, N.C.

N.C. Child Care Association
Parker McLendon, Executive Secretary
Lexington, N.C.

Caldwell County Department of Social Services
Gayle Fisher, Social Worker, Adoptions
Lenoir, N.C.

Children's Home Society of N.C.
Ruth McCracken, Executive Director
Greensboro, N.C.

Guilford County Department of Social Services
Helen Alspaugh, Supervisor, Adoptions Unit
Greensboro, N.C.

Mecklenburg County Department of Social Services
Charles Hodge, Social Worker, Adoptions, and Permanency
Charlotte, N.C.

Surry County Department of Social Services
Patricia Hamlin, Supervisor, Children's Services (1980-81)
Dobson, N.C.

South Carolina Task Force

Carolina Youth Development Center
Lynn Morton-Epps, Director of Treatment Services
North Charleston, S.C.

Chester County Department of Social Services
Cecille Erwin, Case Manager, Foster Care
Chester, S.C.

South Carolina Task Force Continued

Group Care Agencies

Connie Maxwell Children's Home
Heyward Prince, Executive Director
Miriam Dawson, Director of Social Services
Greenwood, S.C.

Epworth Children's Home
Tom Savage, Director of Social Services
Columbia, S.C.

John de la Howe School
David Cole, Director of Child Care
McCormick, S.C.

Spartanburg Boys' Home
Marsha Horn, Executive Director
Eunice Bonner, Director of Family Services
Spartanburg, S.C.

Adoption Agencies

Children Unlimited
Carolyn Wolff, Executive Director
Columbia, S.C.

Children's Bureau of South Carolina
Frank Lewis, Director
Columbia, S.C.

S.C. State Department of Social Services, Permanency Planning
Annette Melvin, Permanency Planning Specialist
Columbia, S.C.

S.C. State Department of Social Services, Adoptions
Marsha Wilkins, Social Worker, Adoptions
Columbia, S.C.

CHAPTER II.

GROUP CARE AND ADOPTION IN PERSPECTIVE

A. PERMANENCY PLANNING

1. Introduction

"Permanency Planning" is the watchword for child welfare services in the eighties. It came to prominence in the mid-seventies through a three-year Oregon Project (1973-1976) which demonstrated the capacity of a state child welfare system to move children out of foster care drift and into permanent placements, either with their birth families or with adoptive families.

From this landmark project, other states and the federal government have espoused the philosophy and methodology of permanency planning. With the passage of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) Congress established permanency planning methodology as national policy and the basis for federal child welfare funding to the states.

2. Permanency Planning Principles

Permanency planning recognizes and builds on a set of commitments which have long been held as guiding principles in child welfare services. These include such familiar concepts as the following:

- Children have a basic need for and a basic right to a sense of permanence and continuity.
- It is best for a child to grow up in a family - his or her own family.
- Foster care placement, in a foster family or group setting, is a means to an end, not an end in itself.
- The family's involvement in planning for and with the child and in the child's life during placement are essential ingredients of quality care.
- Out-of-home care of a child is a supplemental service to the family, not a substitute for the family.
- Service delivery to families and children is directed toward specific goals and objectives.
- When out-of-home care is necessary, the appropriate setting for that care is the least restrictive environment which meets the child's specific needs.

> "Permanency implies intent. A permanent home is not one that is guaranteed to last forever, but one that is intended to remain indefinitely. When the expectation of permanence is lacking, the child experiences doubt, uncertainty, and hesitancy. Permanency planning means clarifying the intent of the placement and, during temporary care, keeping alive the plan for permanence. When a temporary placement is prolonged, foster care may have the appearance of permanence, but it lacks the element of intent that is critical to permanence."[3]

3. Permanency Planning Practices

The newness of permanency planning is that it takes these familiar concepts and implements them through a specific methodology. Permanency planning is goal-directed and time-limited. Work is begun before the child is removed from his own home to prevent, if possible, his coming into foster care placement. If prevention is not possible and the child is placed in foster care, work is directed toward his being in a permanent home at the earliest opportunity.

Permanency planning is committed to specific priorities in choosing the plan for permanence:

(1) The first priority for a permanent home is for the child to remain in his own home or, if temporary placement is necessary, to return to an improved situation with his birth parents.

(2) The second priority is a permanent placement with his relatives, often through a legal adoption.

(3) If the child cannot be reunited with his own family, the third priority is an adoptive family.

(4) If none of the first three priorities is feasible, a long-term foster care placement is chosen with a written agreement that this is the child's plan for permanence.

Some elements of permanency planning practice include the following:

- Clear definitions of the problems which necessitate placement of the child are agreed upon by the family, the agencies involved, and in many cases the child as well.

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[3] Victor Pike, et al, Permanent Planning for Children in Foster Care, Handbook for Social Workers, Washington: DHEW Children's Bureau, 1977, p. 1.

- In situations in which the problems are primarily family-centered, rather than specifically child-centered, energetic efforts are made to help the family sort the problems out, determine how to resolve them, work toward their resolution, and decide on the permanent plan for their child. This process is sometimes called "family clarification."

- Written agreements (or contracts) are made between and among the child, family, and agencies for their work toward the permanent plan. These agreements are goal-directed and time-limited and are reviewed frequently and revised as needed. The permanent plan toward which initial work has been directed may be changed if, after a period of time, progress does not show that the goal is a realistic one.

- Documentation of written goals and plans and of the progress made in achieving them, is carefully done to assure that 1) reviews of written agreements take into account all the necessary information, and 2) essential information will be available for court review and action as needed, either to return custody to the parents or to terminate parental rights.

Ideally, permanency planning work begins with the family which is experiencing stress long before consideration of placement of the child in out-of-home care. A new opportunity to begin implementation of permanency planning arises when the child enters the foster care service system. Another opportunity arises in instances where a child moves from a foster family to a group care setting. The intake process for admission to group care provides an ideal time for definition and agreement on goals and plans, including the permanency goal toward which all persons involved will be working. If permanency planning work was not initiated at these earlier points in the process, or if the work toward permanence for the child has lagged, it is never too late to begin. The time to begin work toward a permanency goal for any child who does not have an active plan in place is NOW.

4. Implications of Permanency Planning for Adoption of Children in Group Care

Permanency planning and adoption are not synonymous terms. Permanency planning is the large framework for work with families and children separated or in danger of being separated by placement. It is designed to assure permanence and continuity for children in families of their own. Adoption is one of the "exit options" for children from temporary placement, the third priority among alternatives for permanence for children. Permanency planning principles and practices are, therefore, the essential basis for consideration of adoption for a child.

The following elements of permanency planning need to be clear and in place in relation to all children in group care:

- commitment within the group care and the placing agencies to the concept that children will not grow up in temporary care;
- clarity with families, reflected in written agreements and plans, regarding outcome options from temporary care;
- intensive work with families, as well as with children, from the very beginning of placement if not before, to resolve the problems which necessitate placement and to support the child's reunification with his or her family;
- skills and willingness to confront families' ambivalence and resistance;
- record keeping, review processes, and decision-making systems which serve to keep planning alive for each child;
- close and effective collaboration among agencies with responsibility for any aspect of work with the family system;
- if the child's return home is not feasible, thorough exploration of the possibility that relatives can provide permanency for the child."[4]

When this permanency planning work has made clear to all concerned that neither return home nor placement with relatives is feasible as the child's permanent plan for the continuity and belongingness so essential to each child, adoption must then be the next goal to be actively considered and explored.

B. RESIDENTIAL CARE

1. History and Types of Residential Care

Residential group care for homeless and dependent children has been in existence for many centuries. The first record of a child caring institution or "orphanage" dates from the 4th Century A.D. Well into the twentieth century, institutional group care was the primary resource for the child who could not live with his own family. During the 1930's, foster family care came into its own as a discrete form of service, and child caring agencies began to develop cottage living situations for children on campus rather than large institutional buildings. In the 1960's and 1970's, group homes were developed to care for children in smaller groups which were closely integrated into community life.

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[4] North Carolina Project Task Force, Summary, First Task Force Meeting, 12/9/80, Newton, N.C.

Many different kinds of residential group care agencies now serve different groups of children. Among them are the following:

a. Group care for normal but dependent and neglected children, the closest modern parallel to the former orphanages;

b. Group care for physically handicapped children, usually differentiated by specific handicap;

c. Group care for mentally impaired or retarded children;

d. Group care for the confinement and rehabilitation of juvenile offenders, usually called training schools; and

e. Group care for emotionally disturbed children, usually called residential treatment centers.

The agencies which provide services for dependent/neglected and emotionally disturbed children are, as a rule, private non-profit agencies, operated by a board of directors and often affiliated with a larger organization such as a religious denomination or fraternal organization. These agencies frequently have a long history in the field of child care services and depend in large measure on support from their organizational and community constituency to supplement funds provided by parents or government agencies for the care of specific children. As a rule, the agencies which provide care for handicapped children and juvenile offenders are operated directly by state or local governmental units.

2. Recent Trends in Residential Group Care

Changing trends in residential group care in the past five to ten years, as perceived by members of the Task Forces, include the following:

a. The continuing reduction in the number of children in child caring institutions, and in their length of stay in care;

b. An increase in the age of the children coming into care, and an increase in their behavioral and relationship difficulties;

c. An increase in the intensity and level of services provided to meet the needs of these more troubled children.

d. Expansion of types of residential services provided, including treatment based on a variety of treatment models, specialized group homes and foster homes associated with the child caring institution, emergency care services, therapeutic camping, and programs to prepare children for independent living;

e. An increase in the employment of social work staff by child caring institutions to provide individualized planning and counseling to children and families;

f. Increased work with the families of children in care;

g. An increase in some agencies in the proportion of children in care being placed by public agencies, with a corresponding decrease in the proportion of private placements by parents or relatives;

h. Spiraling costs because of increased staff, increased support services, and inflation;

i. Increased expectations from outside the agencies for accountability, for sharing of information, and for involvement with other components of the family and child welfare system;

j. Increased diversity among child caring agencies in philosophy of service, program components offered, and degree of collaboration in planning with public agencies in the context of permanency planning.

3. Residential Group Care Within the Framework of Permanency Planning

Permanency planning presents a serious challenge to residential group care agencies, especially those which care for "normal but dependent and neglected" children. These agencies share with foster family homes the fourth, and last, priority as the permanent resource for children. And yet, traditionally, many of these agencies have seen as their role the provision of permanence and stability for children during their childhood years, and beyond.

The use made of group care by public child placing agencies as a placement resource for children in their custody is also challenged by permanency planning thinking. Placement of children in group care as a "last resort," when no other placement resources are available or appropriate for the child, may never have been the best use of residential group care. This practice is called into question even more by permanency planning. An additional concern is that, when only younger children are considered appropriate for permanency planning, as is sometimes the case, most of the children served in group care settings are excluded from this important resource.

In order to meet the challenge and remain a viable part of the child welfare system, group care agencies must define clearly their distinctive function and the select group of children they will serve. In addition, they must account for the relevance of their services to the achievement of permanency goals.

Residential group care agencies for children fulfill a distinctive function in a system committed to permanency planning by providing care and planning to two specific groups of children: a) those who need group care while the permanent plan is being developed and implemented, and b) those for whom residential group care is the plan for permanence.

a. Children in the process of permanency planning. Residential group care is the placement of choice for a select group of children while their permanent plan is being developed and implemented. Their characteristics are reflected in the following profile of 360 children admitted to the private child caring institutions in North Carolina during a six-month period in 1978:

- "65% of the children were 12 years of age or older, with 55% concentrated in the 12-15 year age bracket;
- 65% of the children had both parents living, 32% had one parent deceased or unknown, and only 3% were full orphans;
- 66% of the children had experienced the transfer of legal custody from their parents to a county department of social services;
- 70% of the children had been in one or more previous placements away from their parents prior to being admitted to the institution; 24% had been in three or more previous placements;
- The primary reasons for the children's separation from their birth parents included:
  - parents' ineffective use of, or lack or, parenting skills,
  - parents' non-involvement through desertion or abandonment,
  - parents' inability to provide care because of their emotional difficulties,
  - breakdown of the parent-child relationship;
- The primary reasons for the choice of group care included:
  - child's need for structure and limits,
  - child's need for predictability and continuity,
  - child's need for multiple adult models and relationships from which to choose,
  - child's need for neutral setting to work on family relationships,
  - siblings' need to stay together."[5]

Task-oriented services within the residential group care agency facilitate the movement of these children toward their permanent plans. For some the task is family clarification. For others it is behavioral change. For others it is crisis care. And for others it is preparation for adoption. Goal-directed and time-limited planning which focuses on these social tasks fulfills the agency's function for children in the process of permanency planning.

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[5] J. Parker McLendon, "A Survey of Children Admitted to North Carolina Child Caring Institutions, April 1-September 30, 1978," Lexington, N.C.: NCCCA, 1979.

b. Children for whom residential group care is the plan for permanence. Even though long-term foster care (in a foster family or group care setting) is the last priority for the permanent plan, it remains the plan of choice for a number of older children. Task-oriented services within the residential group care agency can enable these teenagers to complete high school and prepare for independent living, all the while maintaining and enhancing family relationships which will preserve their family identity into adulthood.[6]

C. ADOPTION SERVICES FOR CHILDREN WITH SPECIAL NEEDS

1. History

Adoption is a social, emotional, and legal process through which children become, under law, the children of parents other than their biological parents. Adoption, sanctioned in one way or another by society, has been used throughout recorded history (beginning with Moses) to provide new, permanent families for children whose biological parents were unable or unwilling to parent them. A more central purpose of adoption years ago was to provide adults with an heir.

In the early years of adoption, most of the children who were adopted were older children. Beginning in the early 1940's, adoption agencies were more frequently called upon to find homes for newborn infants. Agencies placed priority upon infant placements, while older children frequently grew up in long-term foster care. The emphasis on infant placements continued until early in the decade of the 1970's, when abortion was legalized and there was a growing trend toward community acceptance of single parenthood. At about this same time adoption agencies began focusing again on the adoption needs of older children who were in temporary care in foster families and in child caring institutions.

Because families seeking to adopt older children were less readily available than were families interested in newborn infants, the children were called "hard to place" children. This term is now being replaced by the term "children with special needs." "Specialized adoption," or "special needs adoption" are terms now used to denote the processes involved in the provision of adoption services to these children, processes which are quite different from those used when the child is a healthy infant.

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[6] Alan Keith-Lucas and Heyward Prince, Parents as Partners: Supplemental Parenting in Group Care, The Practice Monograph Series No. 6, Chapel Hill, N.C.; Group Child Care Consultant Services, 1982.

2. Characteristics of Children with Special Needs

The designation of children as having "special needs" actually refers to the relation between their special characteristics and the capacity of the adoption system to serve them in a timely and effective manner. As agencies increase their ability to provide adoption services to certain groups of children, the children lose their "special needs" status and are considered, simply, children in need of adoption.

The "special needs" of children in relation to adoption include the following:

- Age. The children are frequently of school age, including children in both elementary school and high school years. In some agencies or localities, children 6 years of age or older are considered "special needs" children. In other agencies only those children 11 or 12 years old are so designated, because the adoption system has developed the capability to serve the younger children more easily.

- Minority group membership. In the early years almost all of the children served by adoption agencies were white. Black and other minority children who could not remain in the home in which they were born stood practically no chance of being adopted formally through the services of adoption agencies. However, informal adoption through extended families and community networks, without involvement by adoption agencies, has been extremely common. Membership in a minority group is a characteristic of many "special needs" children, regardless of age or any other factors, again based on the adoption system's present ineffectiveness in providing services to the large number of these children who are in need of adoption.

- Handicapping conditions. Children of any age with substantial problems are considered to be "special needs" children. These problems may include: retardation and other intellectual disorders, physical handicaps of a variety of types, and emotional and behavioral problems. Many of these children require special medical or psychiatric treatment, special schooling, etc., through their childhood years and beyond.

- Family groups of children. Brothers and sisters who need to be kept together (as almost all do) are considered to be children with "special needs" in relation to adoption, regardless of age or other factors.

3. Recent Trends in Adoption Practice

The following trends in adoption during the past decade or so must be noted, particularly as they relate to specialized adoption:

- The concept of "adoptability" now rarely used; any child of any age and with any characteristics who can potentially benefit from a nurturing parent-child relationship now considered to be adoptable;

- Much more flexible criteria for adoptive parents, with a focus on the family's strengths and capacity for parenting rather than traditional eligibility criteria such as income, education, marital status, etc.; increased adoption by single parents, by parents who also have birth children, by older persons, by foster parents;

- Increased numbers of Black children being adopted and increased numbers of Black families adopting;

- Change in the definition of the client: the child now seen as the client, the family as the resource for the child; focus of adoption services now on finding families for children, no longer on finding children for families;

- Much decreased attention to matching physical characteristics between children and families; increased attention to matching strengths and needs, and ethnic/racial backgrounds; increased use of self-selection by the family and the child of each other;

- Use of new technologies and service strategies in adoption, including:
  - active recruitment programs to find families;
  - adoption subsidies--governmental support to families to assist with medical, therapeutic, and other special needs of children;
  - purchase of service--public agency contracts with private agencies to provide specialized adoption services;
  - child-specific recruitment techniques, such as photo-listing books and television and newspaper features, to help make children visible to prospective families;
  - inter-agency and inter-state adoption exchanges and listing services;
  - educational approach to preparation of adoptive families, rather than investigative approach;
  - on-going supportive services to adoptive families following adoption;
  - adoptive parent groups active in mutual support, advocacy, recruitment, and family preparation efforts.

- Improved laws related to termination of parental rights (voluntary and involuntary), to increase safeguards for all concerned;

- Increased acceptance of arrangements whereby the child continues contact into the adoptive relationship with relatives, siblings (where not being adopted together) and others important in his or her past.

- Great increase in the numbers of children with special needs being adopted; many other children waiting for adoption.

Public child welfare agencies have responsibility for adoption for most of the children with special needs, as the custody or placement responsibility for these children is, as a rule, vested in the public agencies. Traditional adoption agencies often have special units or programs designed to serve children with special needs, along with other units focused on adoption of healthy infants. In recent years private non-profit agencies have been developed which provide adoption services for children with special needs as their sole purpose. Considerable variation exists in the adoption practices of agencies which offer services to children with special needs.

An additional trend which should be noted is an increase in adoption disruption, or the breakdown of an adoptive parent-child relationship.

The definition of the term "disruption" varies within the adoption field. While the term is sometimes used to refer to an adoptive relationship which ends at any time, even long after legalization of the adoption, a narrower definition is becoming more common. In the narrower use, "a disrupted adoption is regarded as the permanent legal removal of any child from an adoptive family for any reason before the confirmation of the adoption,"[7] or, in other words, before the adoption is legally finalized.

As children are placed for adoption with increasingly traumatic backgrounds and serious handicaps, the risk of disruption inevitably is increased to some extent. The experiences of agencies vary greatly regarding adoption disruption. Some agencies serving children with very major special needs have much lower disruption rates than do some agencies serving children with less major difficulties. The problem of disruption is of great concern to adoption agencies, and the field is growing in its capability to predict and prevent disruption and to assist those affected to deal with it productively. Careful and thorough preparation of both families and children is believed to be one of the keys to a reduction in the risk of disruption.

D. COLLABORATION FOR PERMANENCY

There are currently many similarities between the group care, public foster care, and adoption programs. Among these are a number of shared challenges. All systems are serving increasingly older and more troubled children. All are increasingly accountable to public and professional expectations that children's needs for permanence and continuity be addressed in a timely and effective manner. All are working to gain new skills and to develop new program strategies. Considerable diversity exists among individual agencies in all these fields in their approaches and responses to these new challenges. And, in many instances, these agencies share responsibility for specific children.

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[7] Christopher Unger, Gladys Dwarshuis and Elizabeth Johnson, Chaos, Madness, and Unpredictability...Placing the Child With Ears Like Uncle Harry's (The Spaulding Approach to Adoption), Chelsea, MI: Spaulding for Children, 1977, p. 195.

Shared planning is a key to effectiveness in carrying out this shared responsibility. Shared planning needs to be carried out at two levels: 1) the inter-agency plan for working together with any client or client system, and 2) the client-specific plan.

The elements and processes involved in the client-specific plan, where adoption is the goal for permanence for the child, is the focus of this Manual. The inter-agency "generic" plan for working together is the foundation upon which client-specific planning is developed. Without this foundation, client-specific planning can become needlessly complicated.

Inter-agency agreements between agencies which work together over time and/or in connection with several different children are particularly important. The development of such agreements was a strong recommendation of the Ad Hoc Department of Social Services/North Carolina Child Care Association Committee in 1979, which was charged to study issues which affect smooth working relationships between the two agency systems. Each group care agency should work out an agreement individually with each public welfare and adoption agency with which it is involved. In like manner, each public welfare and adoption agency should have an agreement with each group care agency with which it works. Since each agency has different policies, such individual agreements are necessary, and agreements with each individual county public agency are particularly important where the public welfare structure is a state-supervised, county-administered one, as is the case in both North and South Carolina. Administrators in each agency who have the responsibility and authority to set and enforce policy should represent the agencies in negotiating these agreements. As either of the agencies changes its policy or procedure in areas included in the inter-agency agreement, the agreement will need to be changed as well.

The primary advantage of such basic agreements is that the staff members of both agencies, in their client-specific work together, have before them a clear statement to guide their planning. Such questions as the following are answered consistently, without the confusion which results from individual workers' interpretations: What is the board rate to be paid, who makes the board payment during an adoptive process? Who pays the cost of children's clothing, how much money is provided, how often, through what process? How are off-campus visits arranged, who provides transportation, who pays for it, who is involved in monitoring the visiting process and how is this done, what flexibility is possible regarding timing of visits, who needs to be involved in approving unusual visiting plans? Who from each agency will be involved in initial and ongoing planning, what procedure is used to review and revise plans, what process is used in cases of disagreement regarding plans? What procedure is to be used to notify the other agency if there is a change of worker? Appendix A. contains a summary report of the Ad Hoc DSS/NCCCA Committee's work and a sample inter-agency agreement form which addresses some of these and other questions.

Professional terminology can become an additional complicating factor in inter-agency communication and planning. Each service field has a vocabulary which may not be familiar to others, and sometimes the same term means different things to different people. The term "adoption disruption" is one example, as noted above. Another example is the term "private placement" which to an adoption worker may mean an independent adoption and to a group care worker may mean placement into group care by a parent or relative. "Foster care" means foster family care to some people, while to others it means residential care provided in a family, group, or institutional setting. "Permanency planning" is a term which has numerous different definitions. These and other key terms need to be clarified in inter-agency work for mutual understanding to be possible.

It is vital that agencies involved in inter-agency work with children and families keep in mind that, as they are continually changing, so too are the other agencies. A preconceived mind set about "that other agency," based on past experience with that particular agency or another similar one, can be death to effective inter-agency work. On the contrary, what is needed is recognition, support, even applause, for the other agency's efforts to improve its services and its ability to collaborate across agency lines.

CHAPTER III.

DECISION-MAKING: THE ADOPTION ALTERNATIVE

A. WHO IS INVOLVED IN THE DECISION-MAKING PROCESS?

The final decision-making authority regarding adoption rests with the court. However, long before the court is in a position to act, a great many other persons are involved in some way.

Families and Children. The importance of the part played by families and children cannot be over-estimated, if for no reason other than the reality that it is not possible to legislate emotions. The child and the biological family must be involved in the decision-making process if return home, a future adoption, or any other permanent plan is to be successful. The birth family's "permission" to the child to attach to a new family is an important ingredient in the adoptive process, especially if contacts between the child and the birth family are recent. And the child's willingness to cooperate in the process is essential, as anyone experienced in planning with older children knows. In many states a child of 12 years of age or older must agree in a formal, legal way for the adoption to be finalized (the last step in the process). However, the child's involvement in the decision-making process and cooperation in implementing the plan are essential far in advance of finalization.

Custodial Agencies. When the custody of the child has been removed by the court from the biological parents and placed in the hands of a child welfare or youth serving agency, or the child has been released by the parents voluntarily for adoption, that agency has the primary responsibility for decision-making regarding permanent plans for the child. The agency, by virtue of holding custody, officially serves "in loco parentis," in the place of the parents. Increasingly, an internal agency review team, often including citizen members along with agency personnel, is involved in an advisory or authority role in agency decisions. However, the workers with direct responsibility for work with the child and family are usually the primary decision-makers.

Citizen Review Boards. In many states and localities there are review boards which are responsible to the state government (as is the case in South Carolina), and/or to the court (as in some court districts in both North and South Carolina). These groups of professionals and citizens review plans and progress for children in placement and make recommendations regarding actions to address permanency planning issues.

Group Care Agencies. Staff in group care agencies have detailed and daily knowledge of the child and often have direct contact with his or her family. When the custody of a child has been removed from the parents by a court, this information is an essential supplement to the custody agency's knowledge about the child and family and can have a major effect on the evaluation and planning for children in care. Group care agencies have a responsibility to offer and provide their factual knowledge about the child and family for consideration in the decision-making process. This responsibility includes initiating discussion about the adoption alternative with the other agencies or groups involved in planning for a child.

Guardians ad Litem. In many states a Guardian ad Litem (guardian "for the suit") is appointed by the court to represent in court the best interests of a minor child whose custody has been removed from the biological parents by court action. These Guardians are sometimes lawyers; sometimes they are lay persons. Because Guardians ad Litem are appointed by judges, and because they usually are familiar with juvenile law and sometimes with child welfare as well, they can have a major influence on court decisions regarding a child. Their involvement in decision-making deliberations related to the permanent plan for a child for whom they have responsibility, long before a court hearing, is highly desirable.

B. CONDITIONS NECESSARY FOR DECISION-MAKING

For all these persons to be involved in decision-making about the adoption alternative, several conditions are necessary:

- There must be agreement by all
  - that foster care (in any type of care setting) is time limited,
  - that children need the permanence and continuity that accompany a sense of belonging to a family, and
  - that the four options for permanence will be considered in priority order: return home, relatives, new adoptive family, long-term permanent foster care.
- This agreement must be based on general knowledge about permanency planning and special needs adoption.
- There must be open and frequent communication and clear definition of roles in decision-making.

C. DECISION-MAKING CRITERIA: PLANNING CLUES AND QUESTIONS

There are two major types of decisions involved at this stage in the planning process: 1) whether to move toward adoption, and 2) how to move toward adoption.

1. WHETHER to Move Toward Adoption

If the child's return home and his or her permanent placement with relatives have been thoroughly considered, tested, and ruled out as feasible options, adoption is then considered to be the alternative for permanency which offers the child the greatest protection. The concentrated work with the family which is required to test and rule out these options is time-limited. Many child welfare professionals consider a period ranging up to 24 months as appropriate, after which other alternatives for permanency are initiated.

Therefore, the first essential criteria are:

- The child's return home is not realistic: biological parents are unwilling or unable to reintegrate the child into the family on a permanent basis.

- The child's placement with relatives is not realistic: no relatives are willing and able to integrate the child into their family on a permanent basis.

Other factors are then considered in making the "whether to move toward adoption" decision. These factors are not explored in priority order, as are the first two criteria; rather, they are assessed in relationship to each other.

- Factors related to the relationship between the child and biological parents, such as:

    - To what extent does the child feel and show a secure sense of belonging to the parents?

    - To what extent do the parents feel and show an emotional as well as intellectual bond to the child?

    - How likely is it that these attachments will continue and perhaps grow through the child's childhood and beyond?

If attachments are mutual and secure, but the child's birth parents are incapable of being the child's care-giving parents, the decision-making options include: an open adoption in which ties to biological parents are accepted and nurtured in the new adoptive family; or, as necessary, permanent long-term out-of-home care in a group care or foster family setting, in a "supplemental parenting" arrangement with the continuing involvement of the biological parents.

- Factors related to the child, such as:

    - To what extent has the child experienced a strong attachment to a caring adult at some point in her or her lifetime?

If a child has had an important attachment, it can be expected that the child will be able to attach again to an adoptive parent, with help and time. Conversely, children without prior attachments are considered to be much greater "risks" for a successful adoption. However, since an attachment experience is so critical to a child's sense of identity, some feel that those children without such prior experience need adoption even more than do other children, and that adoption should be tried despite the risks. In such instances, very special attention is paid to preparation of the child and to the preparation and support available to the adoptive family.[8]

- To what extent is the child's primary focus toward peers and toward independence rather than toward family?

In regard to the child's developmental stage, some view maturing adolescents as too old to become a "child" in a family again. Others recognize the importance to every human being of belonging to a family at any age or stage, well into adulthood, and hold the view that adolescents who are moving toward independence need a family to learn from, leave, leave belongings with, celebrate events with, and return to, knowing that the caring and belonging can be counted on. For such children, families are developed who have no need to turn the young person into a "child" again.

Assessment of the developmental level of children in group care may be complicated by the nature of the care setting itself. Relationships with peers are, almost by definition, more central to a child's life in group care than are relationships with adults. An objective assessment requires expertise in individualizing children and interpreting their behavior. The fact that the behavior of group care children in many different types of situations can be observed and shared by different staff can be an asset in assessment.

- Factors related to the child's legal status, such as:
    - Is the child legally cleared from both biological parents (including cases where the father is unknown) as well as from any other legal parents?
    - If not, to what extent is it likely that the parent(s) will voluntarily release the child for adoption, with or without help?
    - If this is highly unlikely, to what extent has case building progressed toward involuntary termination of parental rights, and how likely is it that the court would approve such an action?

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[8] See From Group Care to Family Living: The Adoption Alternative, Kathryn S. Donley, Seminar Leader, Proceedings of the Eleventh Winter Seminar for Social Workers, Chapel Hill, NC: Group Child Care Consultant Services, 1980.

Chapter IV discusses legal issues in detail. Except in cases where the child is already fully cleared for adoption, legal action often will not even be started unless and until the decision has been made to move toward adoption. Therefore, some assessment of legal factors is necessary at this early stage, frequently involving the advice of an attorney familiar with adoption statutes and the local juvenile court.

Some courts are beginning to take a more active role in child placement cases. On occasion, when there seems to be no progress toward permanency, the court offers an either/or choice to the custodial agency: either return the child home or present a case for legal clearance of the child for adoption.
Courts are also increasingly concerned that agencies provide proof of their "diligent efforts" to rehabilitate the parent-child relationship.

2. HOW to Move Toward Adoption

There are other factors to be considered at this stage. These factors are not "whether to move toward adoption" issues, which is the primary focus of the factors identified above. Rather, they deal with "how to move toward adoption," with beginning planning and task assignments. Therefore, they are appropriately considered after the "whether" question has been answered "yes."

- Factors related to brothers and sisters.

Many children in group care are members of family groups. Some brothers or sisters may be in the same group care setting, some may be in care elsewhere, some may be living with biological families or relatives, or independently. Assessment of the needs of one child in a family group cannot be done without taking into account the needs of the other children and the relationships between the children.

The preferred goal is that the same plan for permanency be made for all members of a sibling group in a way which meets the needs of the group as well as all individual members. In many cases this means placement for adoption together with the same family, even quite large sibling groups. When siblings need to be separated in permanent placements, provisions are made to recognize the children's needs to keep in touch and to encourage families in maintaining these connections.

An early "how" decision, therefore, has to do with coordinating the planning for adoption to meet the needs of all the children in the family group.

- Factors related to the adoption delivery system.

While in theory no child is unadoptable, there are variations in a child's likelihood of being adopted based on the capacities of the agencies and the commitment of the staff involved with the child.

> "Social workers' attitudes, skill, and degree of emotional commitment to the individual child are the single most important determinants of that child's chances for adoption."[9]

If someone involved directly in planning for the child cares enough and is committed enough to resolving the child's need for a family, amazing things can happen - confirming how the worker's commitment affects the achievement of permanence.

Characteristics of specialized adoption services which are summarized throughout this Manual are important indicators of agency capabilities. Group care agencies are often in a position to influence the selection of the adoption agency resource to be used for children, just as adoption and placing agencies often select group care agencies which can help work with an adoptive plan.

To be sought, ideally, are agencies which have been involved in actually placing children with the characteristics of the child or children being considered for adoption. It must be kept in mind, however, that most adoption agencies as well as group care agencies are learning and changing. Agencies increase their experience and capability by being challenged to do so, and both the adoption and group care systems need to be challenged to become more responsive to the children in group care who need new adoptive families. The lack of past successful experience should not automatically rule out an agency. If that capability is not present among the easily accessible agencies, it needs to be developed or found elsewhere.

- Factors related to agency philosophy, commitment and time.

    - To what extent can the several agencies involved (group care, adoption, and placing agencies) fully commit the cooperation of their staff to the plan for adoption for this child?

    - To what extent can staff time be made available in the several agencies involved to do the careful work needed to help assure a successful adoptive placement for this child?

    - To what extent do the agency staff involved with this child really care about him or her and also feel committed to and confident about working toward permanence in a new family for the child?

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[9] Unger, Dwarshuis, and Johnson, Chaos, Madness and Unpredictability, p. 5.

These factors are sometimes difficult to face because they involve attitudes about adoption of children in group care and about this particular child. They should not limit the "whether" decision but probably do so much more frequently than anyone would like to admit. And, if not fully resolved early in the process, they frequently surface later on in ways which may be unhelpful.

Early recognition of these issues can be used constructively in planning the adoptive process. For instance, the group care agency might agree to take on the preparation work with the child if the adoption agency could not make the necessary time available. Or a child might need to be moved to another care setting if a group care agency could not cooperate in the adoptive planning. Or the adoption and group care agencies together might decide to provide some special training and/or support to the child care workers to enable them to play their role in the process.

- Factors related to the child's present attachments with adults.

A fourth area has to do with family resources which are already involved with a child. Children in group care may have volunteer visiting families with whom they have become strongly attached. Some children in group care, out of desperation, seek out families in the community, parents of friends at school, etc. They may even approach them directly with the question: "Can I come live with you?" Sometimes staff of the group care agency develop a particularly strong and close relationship with a child in their care.

People who are unaccustomed to thinking about adoption for children in group care may become newly motivated about adoption when such a family resource seems to be already available for a child. However, attached families do not always become adoptive families, and the decision on whether to move toward adoption for a child should stand on its own, regardless of the presence or absence of a potential family resource.

If a child who needs or could benefit from a nurturing parent relationship already has such an attachment, that family is approached very early in the adoptive process (see Chapter V). In cases where the family cannot make an adoptive commitment, another family resource is developed, perhaps with continuing involvement by the "first" family in the child's life in adoption. Exploration of the child's present attachments is, therefore, one focus for the planning at this beginning stage.

D. ADOPTIVE PLANNING FOR CHILDREN PLACED IN GROUP CARE BY PARENTS OR RELATIVES

A child who is placed in group care directly by his or her parents or relatives may be in need of a permanent adoptive family. Placement by the child's family does not necessarily mean that the family is actively and effectively working toward reunification, nor that the child is secure in his or her sense of the mutual belonging and commitment in the family.

The initiation of efforts to resolve this uncertainty becomes the sole responsibility of the group care agency in this kind of situation. In some states, of which South Carolina is one, state law provides that review boards will consider and make recommendations regarding permanent plans for all children in foster care placement, including those in private placement. Even where this outside attention is paid to the permanency needs of children, however, the provision of appropriate services will rely on the group care agency's commitment to professionally responsible services to children and their families. Such services include consideration of the adoption option as the third priority for permanency.

The group care agency will need to build a working relationship with an adoption agency to carry out adoptive planning, except in those rare instances where the caring agency also provides specialized adoption services. This working relationship is necessary for a variety of reasons which include the following:

a) Only an adoption agency is legally authorized to accept a parent's voluntary release.

b) While a group care agency may legally initiate an involuntary termination of parental rights action, only an adoption agency could be granted authority by a court to place a child in adoption.

c) Adoption agencies provide professional guidance and preparation, both social work and legal, which are extremely important to the child, the birth family, and the adoptive family.

It is best if this working relationship is in place at the time that the adoption alternative is being considered for a child, so that knowledge about adoption can be brought to bear on that early decision-making.

In most cases the first contact made should be with the public child welfare agency in the county of the child's legal residence, and/or with the state office of the public child welfare agency structure. In South Carolina, another resource is the Children's Bureau, a state-wide public adoption agency. Private adoption agencies such as Children Unlimited, Inc. in S.C. and the Children's Home Society of N.C. often can provide assistance or guidance in finding and preparing adoptive families, preparing children, and other aspects of the adoptive process. Some private agencies do not handle the legal process of clearing children or accepting custody. See Appendix B for a listing of adoption agency resources.

In the selection of an adoption agency, consideration will need to be given to the following factors:

- financial issues, and the procedural implications of different alternatives for supporting the cost of the adoptive planning;
- practice issues, such as the agency's experience in placing children with the characteristics of the particular child in question;
- geographic issues, such as distance which may affect inter-agency communication and the preparation work, and the geographic area which the adoption agency serves.

Once the financial, practice, and geographic factors have been worked out, the group care and adoption agencies can follow the guidelines in this Manual with only minor modifications.

E. THE STARTING PLACE

The decision-making process can be initiated by any one of the persons or groups identified in Section A above. In the Group Care/Adoption Project, consideration of adoption for target group children began in the following types of ways:

Process initiated by the group care agency:

> Social work staff in a group care agency realized the pain and longing of a sibling group for a family. Years before, it had been determined that return home or to relatives was unfeasible, but no further permanency planning work had been done. The two younger children had close relationships with their visiting families; the oldest child, who was close to completing high school, seemed very independent. The group care staff initiated discussion with the county placing agency to move toward freeing the two younger children for adoption. Shortly afterwards the oldest child confided in her social worker that her independent, responsible, achieving behavior covered up her feeling that no one would want to adopt her.

Process initiated by a citizens review board:

> Through a regular review process, a citizens review board identified the need for goal-directed planning for a teenager placed by his parents in group care and arranged for a public adoption agency to work with the child, group care staff, biological family, and relatives to clarify options. If return home or to the aunt, with whom a sibling lived, were determined not to be feasible, adoption would then be considered.

Process initiated by the placing agency:

> Following work by the foster care social worker to resolve the family issues which necessitated a child's care away from home

> and to identify relatives who might be resources for the child, both unsuccessful, the public agency began the process of adoptive planning.

Process initiated through the use of a life book:

> A group care social worker began using the life book process as a tool with many children in care to help them sort out their history which often included a number of moves. One 14-year-old boy, who never spoke of any attachment to his long absent parents, was particularly responsive. One day he said, "No mother, no father, an adopted sister who doesn't know me. Didn't know my middle name until you told me. This is pitiful." Soon after he ran away from the institution in which he had seemed very happy, to try to find himself a family. Adoptive planning began promptly.

F. DECISION-MAKING BARRIERS AND STRATEGIES TO OVERCOME THEM

Following are some of the barriers which can impede decision-making regarding the adoption alternative and suggestions to overcome them.

1. Lack of Information about Adoption

Unfamiliarity with specialized adoption practices can lead to the incorrect assumption that adoption is not a viable option for older children. Concerns about adoption disruption and about continuing contact between siblings and relatives following adoption are not uncommon. Public agencies, group care agencies, children and their families and relatives all may hold this incorrect view. A review of the references listed in the Appendix for further reading, training sessions, and contacts with public and private adoption agencies and other adoption resource groups, will help.

Group care agencies may be unclear about their role and responsibilities when children in their care are moving toward adoption, or staff may be unsure that the agency has the capability to assist in carrying out such a plan. The other agencies involved in the planning need to be supportive and informative. Assurance that plans will be made jointly and that knowledgeable resources will be available can help prevent this problem being a barrier in the decision-making. Experience is also extremely important; working through the adoptive process with one child with the close assistance of resource persons can build the necessary knowledge and confidence to repeat the process with other children.

2. Waiting for the Child to Ask

Children without a sense of hope will be unlikely to express their desire for a family even to themselves, especially when their past experiences with families have been unhappy ones and when their separation feelings from family have been unresolved. It is highly unusual for a child to say he or she wants to be adopted, because adoption means change, and it is the rare person of any age who seeks to make a leap into such an unknown. Yet, many placing and group care agencies, committed to involvement of the child, wait to act until the child gives them the "go ahead."

Children's needs can be assessed by sensitive adults involved with them without the children's being required to risk either initiating the process or saying "yes" overtly. The child needs to be listened to "with the third ear," informed, consulted, supported and encouraged. But the adoption decision is an adult decision.

3. Waiting for the Child's Behavior to Improve

Unfamiliarity with specialized adoption can lead to the view that adoption is an option only for "perfect" children. However, children's behavior problems may often be a symptom of their lack of stability and security, and adoption may be a part of the solution. The child who is "too good" may have as many emotional problems as the "acting out" child. There are adoptive families who knowingly and willingly take on the challenge of working with children with behavior problems and agencies skilled and committed to supporting them in the process. A child's behavior should not be the sole issue in the "whether to move toward adoption" decision, although it will influence the preparation of the family resource for the child, the development of post-placement resources, and perhaps the timing of the placement.

4. Insufficient Sharing of Information Between Agencies

This can be a major barrier in planning for children in group care who are in the custody of public agencies, and the resulting problems can be enormous. Group care and placing agencies need to be in agreement about the permanency goal for each child and need to be working together toward it. New information which can influence planning should be shared regularly, and the staff involved from both agencies need to be in close contact.

Agreements regarding sharing of information and planning should be built into the inter-agency agreements described in Chapter II-D above and reinforced in child-specific planning agreements. These agreements can be initiated and kept alive by either agency. Creative use of written materials, telephone, and conferences around the edges of other work with the child and family (for instance, when transporting the child to the home community for visits) can help reduce the costs of this regular contact if distance is a problem. Budgets of both agencies should provide travel and telephone resources for this frequent communication.

In cases where the worker in one agency is unable to obtain a satisfactory response from the assigned worker in the other agency in regard to planning and the need for decision-making, there should be absolutely no hesitancy to make contact with persons higher in the other agency's structure. This is true whether the less responsive agency is the group care or the placing agency. If persistent efforts to involve the worker are unsuccessful, the supervisor should be contacted or, if necessary, the agency directors should become involved to resolve the matter. In some cases it may then be appropriate for the larger organizational unit of which the local agency is a part, such as the state public welfare agency or the umbrella organization to which the group care agency is related, to become involved. As final steps, either agency may need to consider a move for the child to a new placement setting, and either agency may need to make the necessity for joint planning known to the court, Guardian ad Litem, and/or citizens review board. Every worker involved with plans for a child has a responsibility to see that collaborative planning and decision-making occur.

5. High Caseloads

High caseloads, particularly in public placing agencies, can result in the lack of information-sharing discussed above. Overwhelmed workers may find it difficult to plan, since so much time goes into responding to placement crises of one sort or another. In reality, high caseloads are all the more reason to have a plan in place for every child, so that precious time spent on each case can be productive in working toward a specific goal. Here again, advocacy is needed to see that such plans are made and carried out despite time pressures.

6. Unclear Agency Philosophies

Permanency planning is becoming such a "household word" for agencies of all types that sometimes it is voiced as a central part of an agency's philosophy when commitment is not fully present. There may be conflict between the words used by agency representatives and the actions taken; for instance, agreement with permanency planning principles but unwillingness to consider involuntary termination of parental rights under any circumstances. When obstacles seem to be in the way of decision-making, it is time to examine their source and clarify the agency's commitment. A persistent worker can help bring about this kind of discussion within his or her own agency and can help another agency face the issue as well.

7. Hesitancy to Confront Parents

This barrier can affect staff from any agency. Skill, confidence, support, and commitment to a child's need for family are required to help the parents face their ambivalence, conflicting messages, and/or unwillingness to reassume their parental role. Workers may need to build the necessary skills through training or through the use of consultants. Review of resource materials on family clarification is a good starting place.

8. Hesitancy to Make Decisions

Decision-making is difficult work. Resistance to facing decisions is very human and also very unproductive in resolving children's "limbo" status in temporary placement. Agency staff need to support each other in decision-making and work to keep the permanency needs of children in the forefront of their thinking. One person who is committed to resolving the child's need for permanency can be effective in keeping the planning alive and helping others involved make the necessary decisions.

G. SUMMARY OF TASKS: DECISION ON THE ADOPTION ALTERNATIVE

This list summarizes the tasks necessary to deciding whether or not adoption is an appropriate alternative for a child and, if so, how this will be accomplished. The tasks are listed generally in the order in which they should be accomplished. The agencies which are involved with the child and family need to plan together as to the process to be used to accomplish each task.

1. Information provided as needed to all agency staff involved in decision-making, about:
    a. permanency planning, and
    b. specialized adoption.

2. Agreement between agencies that:
    a. foster care placement is time limited,
    b. children need the permanence and continuity that accompany a sense of belonging to a family, and
    c. the four options for permanence will be considered in priority order: return home, relatives, new adoptive family, long-term permanent foster care.

3. Information provided to and understood by parents that:
    a. foster care placement is time limited,
    b. children need the permanence and continuity that accompany a sense of belonging to a family, and
    c. the four options for permanence will be considered in priority order: return home, relatives, new adoptive family, long-term permanent foster care.

4. Establishment of a plan (written, as necessary) to share information relevant to planning for the child between the agencies involved on a regular basis.

5. Thorough time-limited work to assess and document the feasibility of the child's return home and to resolve problems which are barriers to this option.

6. Determination that the child's return home is not realistic: biological parents are unwilling or unable to reintegrate the child into the family on a permanent basis.

7. Thorough time-limited work to assess and document the feasibility of the child's permanent placement with relatives.

8. Determination that the child's placement with relatives is not realistic: there are no relatives willing and able to integrate the child into their family on a permanent basis.

9. Information gathered (and documented, as needed) to supplement existing information from as many sources as possible: case records, casework interviews with the child(ren) and family, interviews with past caregivers, conferences with group care staff involved with the child(ren), psychological testing (if indicated), etc.

10. Preparation of a life book with the child to clarify his or her history up to the present and to identify needs and unresolved issues.

11. Further assessment of the relationship between the child and biological parents and the relevance of considering permanent "supplemental parenting."

12. Further assessment of the child's attachment history and developmental level and the potential benefit to the child of a nurturing parental relationship.

13. Information gathered on factors related to the child's legal status from case records, court records, legal counsel, etc.

14. Information and assessments on items 9-13 shared between agencies; plans made to clarify remaining questions and/or gather additional information as needed.

15. Determination by involved agencies to move toward adoption.

16. Assessment of the child's situation regarding all brothers and sisters: their location(s), placement situation(s), permanent plan(s), needs, and the relationships among and between the children; beginning plans made and shared regarding adoptive planning.

17. Information gathered, shared, and considered on factors related to the adoption delivery system; plans made and shared regarding strategies to provide specialized adoption services.

18. Information gathered, shared, and considered on factors related to agency philosophy, commitment, and time; plans made and shared regarding any strategies needed.

19. Information gathered, shared, and considered on the child's present attachments with adults; plans made and shared regarding strategies.

20. Decision to move toward adoption shared with all persons involved, including the child(ren), parents, relatives, child care workers, siblings (when they are not included in the plan), etc.

21. Information shared with the child(ren) regarding what adoption means (unless fully clarified earlier) and what processes, actions, and time frames are involved.

CHAPTER IV.

CLEARING THE CHILD LEGALLY FOR ADOPTION

A. INTRODUCTION

The procedures involved in clearing the child legally for adoption are normally the responsibility of the agency which holds temporary custody of the child, with the major assistance of that agency's legal counsel. The group care agency can contribute to the legal considerations, will be influenced in the care of the child by the process, and needs to be informed about the legal situation at key points.

The focus of this chapter is to provide information to both group care agencies and child placement agencies regarding important areas of collaboration during this phase of the adoption process. In addition, it is designed to provide group care agencies with some general knowledge of the procedures so that questions for further information can be asked as needed and the agency can help in specific situations.

Legal statutes and procedures are based in state law and therefore are applicable only to proceedings in that state. Appendix C. contains information on the grounds for voluntary and involuntary termination of parental rights for South Carolina and North Carolina applicable at the time this Manual was written.

B. WAYS THAT CHILDREN BECOME LEGALLY CLEARED FOR ADOPTION

Legal clearance of a child for adoption must be done with both of the child's biological parents, as well as with any other legal parents involved. This is true even when the father of the child is officially "unknown." Different procedures and/or different legal grounds may be used with different parents, depending on the particular circumstances in the case.

1. Death

The death of a parent, legally recorded, clears the child legally from that parent for adoption.

2. Voluntary Release

A parent may voluntarily surrender a child to a licensed child placing agency for purposes of adoption, thereby giving the right to that agency to consent in loco parentis to the adoption of the child. In most instances an agency licensed to receive a surrender is an adoption agency, public or private, although in rare cases an agency which provides group care services for children may also be licensed to place children for adoption. In some states there is a period of time after the parent has signed the release papers during which he or she can have a change of heart. This is called a revocation period.

This procedure allows for the voluntary participation of the birth parent in providing for the permanent placement of the child. Since release is a major decision for a parent to make, it is done only when the agency is assured that the parent is fully informed and knowledgeable about the implications of his or her action. In some cases where efforts to rehabilitate the family situation so the child can return home have been unsuccessful, the parents are helped to come to a recognition themselves that the return home option is not feasible and then are helped to release the child voluntarily for adoption.[10]

Often the possibility of adoption is raised with a parent early in the child's placement. This is done through a question such as "Have you ever thought of releasing your child for adoption?" or through discussion about the time-limited nature of foster care and the permanency planning options. The social work process involved in supporting a parent to come to a decision to release a child for adoption is complex and takes skill. When a parent has the strength to make and carry through on this decision, however, the prognosis for the adoption to be successful is improved, especially when the parent can be helped to explain the decision to the child personally. In addition, the time involved in legally clearing the child becomes shorter by many months, and adversarial court proceedings, which can become painful for all concerned, are avoided. A voluntary relinquishment is much preferable to an involuntary termination of parental rights.

In another kind of voluntary release process, called an independent adoption, the parents release the child directly to the adoptive parents, and an adoption agency is usually not involved. This process is rare in older children and is not encouraged in any case because none of the parties to the adoption, the child, the birth parents, or the adoptive parents, has access to the information and preparation needed.

3. Involuntary Termination of Parental Rights (TPR)

The grounds or conditions on which a court may decide to terminate a parent's rights are defined in state statutes and are also determined by case law in the state in which the state statute is further interpreted in connection with appeal of lower court rulings. In recent years the grounds for termination of parental rights have become more clearly defined, and safeguards for parents as well as children have been strengthened in many states.

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[10] Prince, Keith-Lucas, and Dawson, Family Clarification.

Preparation for involuntary TPR procedures varies not only from state to state, but also from one type of parental situation to another. In general there are three types of parental situations, as defined in the early permanency planning work done in Oregon: absent, condition, and conduct.[11]

a. Absent

An "absent" parent includes a parent who has deserted or abandoned his or her child, who has disappeared, or who is "unknown." Preparation for court action with absent parents generally involves search processes which include tracing them through government agencies, etc., and advertising in newspapers. If the parent is not found and the search has been conducted to the satisfaction of the court (in accordance with state law), the court may act to terminate the parent's rights.

b. Condition

In this category, the parental "condition" is deemed to be such that the parent will be unable to parent the child within the foreseeable future, or perhaps not at all during the child's childhood. State law governs the allowable conditions, such as severe mental retardation, a long prison term, or a history of mental illness which is expected to continue. The preparation for court action in these cases involves verification of the parental condition through such means as expert witnesses who could predict the likelihood of a change in the mental condition of the parent, for example.

c. Conduct

In the "conduct" category are parents who are unwilling or unable to provide a permanent home for their child, often for a variety of reasons, but not because the parent is incapable of doing so as in the "condition" category. State laws define the parental behaviors which may become grounds for involuntary TPR in situations of this sort. The laws also define the obligations of public and private agencies to show that they have made diligent efforts to rehabilitate the family. The burden of proof is usually on the agency which holds temporary custody of the child to prove that everything possible has been done to remedy the family situation, to no avail. For this reason, documentation becomes extremely important.

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[11] Pike et al., Permanency Planning Handbook.

C. AREAS OF COLLABORATION BETWEEN AGENCIES IN CLEARING THE CHILD

1. In Voluntary Relinquishment of the Child

The agency which carries the primary responsibility for work with

the family will be the likely one to work with the family toward voluntary release of the child when the decision is to move toward adoption. However, both the group care and child placing agencies need to be fully involved, since each agency has a unique role to play in the process. In almost all cases, the public child-placing agency is the only one of the two agencies involved which can accept a surrender. In all cases the group care agency has daily involvement with the child who, of course, will be involved in the process and will need support. Both agencies have the responsi- bility to help assure that the parent's surrender is based on his or her clear knowledge of the implications of the action.

For these reasons, information-sharing and joint planning throughout a voluntary release process by the two agencies are essential.

2. In Involuntary Termination of Parental Rights

In "absent" and "condition" types of situations, the group care agency's care of and support to the child will be influenced to some extent by the legal process. The group care agency may also be asked to provide documentation for the consideration of the court on the child's needs and/or on the parent's absence or condition.

The group care agency will be involved in additional ways in a "conduct" type of situation. "Case building" in these situations involves full documentation and perhaps court testimony as to the effect of the parental conduct on the child. In addition, the adversarial nature of the court proceedings will have an effect on the child, especially in those rare situations where the child will be expected to serve as a witness.

Documentation usually begins as a part of the genuine effort to resolve the problems which necessitate the child's care away from home, so that he or she can return home--long before there is any plan to move toward adoption. Many times this documentation is used to show to the court that the family _is_ capable of parenting and to return custody to the parents. Sometimes, when the genuine effort has not been successful, the documentation is used in court to support termination of the parental rights so the child can be cleared for adoption. Goal-directed, objective documentation on every child in temporary placement in group care is, therefore, an extremely important part of the placement process. See Appendix D. for guidelines on documentation.

Ways in which group care agencies can facilitate the process, in addition to providing documentation as requested by the child placing agency, include:

- providing documentation to the child placing agency without being requested to do so,
- explaining the court process to the child,
- accompanying the child to court,
- agreeing (or offering) to serve as a witness in court.

3. Goodbyes

No matter what legal procedure is used, after legal termination the child and the parent are no longer legally related to each other, and inevitably there is at least some degree of grief on both sides. Both deserve help in working through their grief. The group care agency will be directly involved with the child in this process, even when the custody agency is also working actively with the child. Chapter VI contains guidelines on this type of work with the child.

In some situations it is possible to arrange for direct goodbyes between the parent and the child, with explanations from the parent to the child about the legal situation, with "permission giving" from the parent to the child to move forward in his or her life toward adoption, and with sorrow on the part of all. Both the child and the parent need considerable support before, during, and after this farewell. As difficult and painful as this will be for all concerned, such goodbyes can also be an extremely helpful part of the grief work and the preparation of the child to move toward adoption.

On top of everything else, the child often has to say goodbye to his or her foster care worker and begin working with an adoption worker. Sometimes this occurs before the legal work is begun, sometimes afterwards, sometimes not at all. It is important that this change not be made abruptly but, rather, that a transition period be planned for the child to begin working gradually with the new social worker while the former worker is still in the picture. The group care worker will provide continuity for the child in this transition and needs to be fully informed and involved.

4. Changing Visiting Arrangements

Occasionally the child will have spent weekend visits with the birth parent up to the time of surrender or involuntary TPR court action as a part of the family clarification or "case building" process. In other situations, the child will have visited with a relative who is closely involved with the birth parent. In such situations consideration may need to be given to a change in the visiting arrangements shortly before or at the time the child is legally cleared for adoption.

Flexibility in group care visiting schedules becomes essential here as well as during the placement process (see Chapter VII). If the group care agency has regular once-a-month weekends during which all children are expected to be away from the campus, for instance, plans for a child's moving toward adoption can be difficult. Continuation of previous visiting arrangements may not be appropriate, as noted in the paragraph above. Sending him or her off to spend the weekend with a totally new family would serve no purpose for the child and would likely add to his or her emotional stress. Making a special arrangement for the child to stay on campus alone with a staff member could, unless well planned, lead to difficulties on the part of that child and also other children on the campus.

Every situation will be unique in terms of the child's needs, the birth family situation, and the options available. Advanced planning by both agencies is very important. Options which might be considered in particular situations are:

a) continuation of visits with relatives, with assurances either that the birth parent will not be involved at all or that his or her presence will not be damaging to anyone;

b) preparation ahead of time by beginning a new visiting plan early in the process, perhaps alternating visits with the new visiting family and the birth family for a time if continued contact with the birth family up to legal action is a necessary part of the legal process;

c) having the adoptive family identified and both the child and family prepared already, and timing the beginning of the pre-placement visits to coincide with the legal action (on occasion the preparation of the child and family are completed before the legal process is fully done, and the child moves into the new family in what is known as a "pre-legal" or "legal risk" adoptive placement);

d) having a cottage open routinely on the campus for any children for whom an off-campus visit is inappropriate (this will usually include children other than those moving toward adoption);

e) planning for the child to visit with a family which has adopted other special needs children, as a part of the child's preparation for adoption (see Chapter VI).

D. UNEXPECTED OUTCOMES

There are several possible unexpected outcomes from the process of legally clearing the child:

1. The Re-Appearance and/or Re-Commitment to the Child of a Parent or Relative

Sometimes the "case building" process for involuntary TPR leads to an unexpected--and potentially good--turn of events.

- A long-absent parent or relative may reappear on the scene and express interest in providing the permanent home for the child. If this happens, the move toward adoption usually is halted and the feasibility of return home or to relatives (see Chapter III) is re-evaluated before any further action is taken.

- An ambivalent parent, faced with the reality of court involvement and the permanent loss of the child, may become recommitted to providing a permanent home for the child. The history of the parental situation will help the agencies determine the extent to which the parent may be really capable of parenting the child, or whether this is another in a series of "fits and starts." This assessment will determine the agencies' stance in relation to planning for the child's permanence.

2. The Court Decides Against the Involuntary TPR Action

This is always a possibility, since the court has the responsibility of making the final determination. If the groundwork has been well laid, the family has been given well-documented assistance by the agencies, and legal counsel has been readily available in planning for the court proceeding, the chances of this occurence are slim, but always possible. If this happens, in some instances the agencies are directed to continue working with the family to rehabilitate the home for the child and to report back to the court at a later time. In other situations, the decision may be to return to earlier decision-making, to answer the "whether to move toward adoption" with a "no," and to move toward permanent long-term foster care for the child's permanent plan.

E. BARRIERS IN CLEARING THE CHILD LEGALLY FOR ADOPTION AND STRATEGIES TO OVERCOME THEM

In the Group Care/Adoption Project, the following types of barriers were identified at this stage in the adoptive planning process:

1. Time Delays

Full court calendars, over-extended attorneys, and slow agency processes in preparing the paperwork required for court proceedings, can be major barriers at times. Sometimes gaps in documentation become identified as legal counsel begin to be involved with a case, causing considerable delay as preliminary steps are retraced. In addition, a biological parent has the right to appeal the court action to terminate his or her rights, a process which can sometimes take a year or more to be resolved. Even if none of these situations occurs, the legal process will take a period of time. The planning for adoption often cannot proceed until the child is legally cleared, and this can become quite frustrating for all concerned.

Because the child is still in a "limbo" state, the child and the group care agency need to be kept fully informed about the projected time schedule for legal action and about time delays which alter this projection. This current information will be necessary to the group care agency in planning their care of and support to the child.

Useful strategies in relation to time delays include the following:

- information provided to the group care agency early in the process, and periodically throughout, regarding next steps and projected time frames,
- inclusion of legal counsel in the early decision-making process,
- shared planning by the two agencies regarding the care of and preparation of the child,
- inquiries by the group care agency whenever needed as to the status of the process,
- advocacy efforts by the group care agency, the adoption agency, and/or the agency bringing the legal action to try to remove "log jams" in the process, including such strategies as telephone calls to state offices, contacts with Guardians ad Litem, etc., as needed,
- consideration of a "pre-legal" placement with the adoptive family, especially if eventual legal clearance of the child seems quite certain to the legal counsel involved.

2. Insufficient Information-Sharing About the Legal Process

Several instances of this type of problem are described in the narrative section above. In some situations in the Group Care/ Adoption Project, the social worker and others in the group care agency were totally in the dark about the legal procedures being followed in relation to a child in their care and quite unable to assist or to help the child as needed. In addition, sometimes the placing and/or adoption workers were also uninformed, as the legal process was in the hands of agency attorneys.

Strategies include the following:

- prevention, through an early joint plan and shared information throughout the process,
- persistence by the group care staff in raising questions and seeking information whenever there is uncertainty or confusion about what is happening.

3. Children Being Asked by the Court to Decide on their Permanent Plan

One situation of this sort occurred in the target groups of children --it is to be hoped that it was a rare occurrence. The stress on the child in having to determine whether he wished to stay in the group care setting permanently, become adopted, or live with a newly re-appeared parent, was enormous. In that situation, not surprisingly, the child chose the familiar and is in permanent group care placement.

Advocates who are committed to the principle that children should be involved in decisions which affect their lives and also to the principle that children should not be required to solve problems caused by adults, need to find a middle road. In the situation described above, workers from both agencies involved were quite right to seek ways to protect the child from direct court involvement, as well as to provide a way for the child's feelings, emotional situation, and needs to be taken into consideration by the court.

In some states children at a certain age do have a formal, legal role to play in agreeing to an adoption. This does not occur at the "clearing the child for adoption" stage, however.

- In North Carolina a child 12 years of age and older is asked to agree to the adoption by signing a "Consent of Child for Adoption" form which is filed together with the adoptive parents' signed "Petition for Adoption" and the custody agency's signed "Consent to Adoption by Agency" forms. These are filed with the court after the physical placement of the child in the adoptive home.
- In South Carolina there is no statutory provision for children at any age to agree formally and legally to the adoption. However, the agency, the Guardian ad Litem appointed for the child, and the judge, by practice, all take the child's wishes into account in making the final decision to finalize the adoption. As in North Carolina, this occurs toward the end of the post-placement period, before finalization of the adoption.

F. SUMMARY OF TASKS: CLEARING THE CHILD LEGALLY FOR ADOPTION

1. Decision made by the placing or adoption agency and the agency's legal counsel and shared with the group care agency on the legal approach to be followed with each parent.
2. Discussion and agreement by the agencies together, in writing as appropriate, regarding the following:
    a. steps required to carry through on the legal approach(es) to be used,
    b. projected time frames,

c. expectations for the group care agency's care of and support to the child during the process,
d. information to and involvement of the child in the process,
e. the plan for sharing information between agencies during the process,
f. expectations of the group care agency in assisting with legal processes, such as documentation and perhaps testimony,
g. anticipated changes needed in visiting arrangements for the child and plans to revise the arrangements,
h. concurrent plans, as appropriate, for proceeding with finding and preparing an adoptive family and/or with preparation of the child for adoption,
i. plans for working with the child and with the birth parents in the grief process,
j. plans for a change from a foster care worker to an adoption worker, as needed.

3. Follow-through on plans as agreed, information shared as planned and also when desired by either agency, revision of time frames and plans as needed.

CHAPTER V.

FINDING AND PREPARING THE ADOPTIVE FAMILY

A. INTRODUCTION

Preparation of the family resource for the child and preparation of the child for adoption occur simultaneously to some extent. Although these two aspects are addressed in separate chapters in this Manual, it is important to recognize that often they are concurrent processes.

In some instances, a child in group care will already have a close relationship with a family other than his or her biological family. Where that is the case, this family is usually given the opportunity to consider adopting the child as a first step in developing a family resource for the child. However, adoption is quite different from serving as a foster or visiting family or as a child care agency staff member. The family will need much the same preparation as would a family which is new to the child, even though recruitment strategies would not be needed.

Group care and adoption agencies have important roles to play together in this aspect of adoptive planning. Potential adoptive families are available through group care agencies as well as through adoption agencies. Preparation of the family for a particular child in group care involves developing their understanding of the child and of his or her placement experience, information which is known to the group care staff as well as to the adoption agency. Some recruitment strategies directly involve the child. The timetable for development of the family resource has great impact on the child and, inevitably, on the persons close to him or her in the group care setting. In addition, persons and agencies involved with the child who feel positive about the family resource selected are better able to encourage and support the child in the placement process.

Much of the work involved in developing the family resource for the child in group care will be the responsibility of the adoption agency. However, the group care agency needs to do part of the work, can help with other parts, and will be affected by all of it. Therefore, this phase of the adoptive process requires collaborative work, just as do all the others.

The word "child" is used in this chapter for ease; "children" would be equally appropriate, because many of the children in group care who are in need of adoption are members of sibling groups. The preferable plan usually is to place the group of children together, and therefore the focus would be to develop one family resource for all the children.

B. PRELIMINARY UNDERSTANDINGS

The process of finding and preparing families is quite different in special needs adoption than in traditional adoption. Many new techniques and approaches are used and, in addition, the "standards" for families are much more broadly defined. For these reasons it is advisable, at an early stage in the planning, for all those involved to review again, preferably together, some of the principles of specialized adoption in the area of developing family resources. Shared understanding will help to prevent the emergence of problems later on. The selection of a particular family for a particular child sometimes brings forth concerns and perhaps confusions about special needs adoption which were not recognized and dealt with at the "deciding to move toward adoption" stage. These issues can be discussed and resolved at this time in the context of a review of the principles and strategies involved in finding and preparing families.

Some of these key specialized adoption principles are as follows:

1. The child is the client; the family is the resource. The goal is to develop a family resource for this particular child - not to find a child for this particular family.

2. The child needs a family for nurturing, belonging, care, love, stability, and preparation for adulthood. The child needs parenting. The goal is to find and prepare persons or a person who can parent this child.

3. All kinds of persons can and do make good parents for children. Income, education, status, size of home, number of children in the family, marital status, and other such criteria by themselves actually have nothing to do with the ability to parent.

4. No parents are "perfect." Parenting may be one of the most difficult tasks any adult undertakes, and no one is totally "ideal." The goal is not to find the "perfect" family for this child. Rather, the goal is to find a real family, with problems as well as strengths, which can be helped to meet the needs of this particular child.

5. There are many couples and single adults who are potentially available to parent children with special needs. These people frequently come forward on their own when they know about children who are in need of parents. Informing the public about these children in general is one way to find families. Informing the public about particular children is an even more effective way.

6. Anyone who is interested in adopting a child can potentially

meet the needs of some child who needs adoption - if not this particular child, then perhaps that particular child. The home-finding process in specialized adoption is designed to "screen in" families, not "screen out" families.

7. Children with special needs, being older, and/or handicapped, in family groups of children, with ongoing important relationships, and having had troubled and often traumatic backgrounds, are especially challenging to parent. A body of knowledge is available to help prepare parents for this endeavor. The job of preparing families involves helping them learn this body of knowledge, helping them discover their strengths and needs in the area of parenting, and helping them make connections with resources for ongoing assistance.

8. Preparing a family to parent a particular child also involves fully sharing with the family everything that is known about the child, past and present, and preparation of children already in the family and other adults in the family besides the parents.

9. The family, in a mutual relationship with the adoption agency and with the help of the preparation process, is the best one to decide whether or not they can parent a particular child. They are making a major life decision; it needs to be their decision.

10. The ultimate responsibility for selecting the family rests with the custody agency.

C. FINDING FAMILIES

In the process of finding families, a number of steps are taken in priority order. If the first step is effective, the later steps are passed over and preparation begins. If the first step is not effective, the second step is taken - and so on.

1. Families Already Involved with the Child

The first step is to approach a family with whom a child has had or now has an important relationship. For children in group care, such potential family resources might be:

- the child's visiting family associated with the group care agency,
- a foster family with whom the child was placed in the past,
- the child's visiting family associated with the placing agency,
- former or present staff members of the group care agency,
- a family with whom the child is associated in the community, such as the parents of a school friend, the coach of the football team, a teacher, etc.

In cases where a family group of children is moving toward adoption and one of the children is in a foster family placement, that family is approached to consider taking the sibling group.

This approach is planned and coordinated carefully. The intention is to inform persons who care about and are important to the child that he or she is moving toward adoption and to explore with them their possible interest in becoming the child's permanent family. If there are several possible families, one at a time is approached.

If the family thus approached is interested in proceeding, as is often the case, their preparation can begin immediately. If the family is not able to make the commitment, they are worked with to: a) clarify whether the child should be told about the approach or not, b) forestall any feelings of guilt they may have, and c) assure them of continuing contact with the child, as appropriate.

Where the potential family resource is a family in which one or two parents are employed in the group care agency, the family will need to consider the adoption possibility in relation to their work as well as their family life. This is particularly an issue for child care workers who live in a cottage with a group of children. Child care workers do sometimes have their own children in the cottage, and for some this can work well. Adoption of a child from the same group care agency will, however, have some major implications which are different from the effect of having a new baby.

Principle No. 9 on the list of key principles above is very important here. The prospective adoptive families are the ones to decide whether or not to proceed toward adoption. Agencies are not in a position to make an independent judgment as to whether a family would want to, or could, or should, adopt this child. If the family is important to the child, the family should be approached.

This first step in the process has several advantages besides the possibility of finding a permanent home for a child with someone with whom he or she is already connected. A family thus approached will be in a better position to support the child through the process of moving to a different, permanent family, since they will not feel rejected or in competition with the new family, and their separation from the child may be easier. In addition, the family will become aware that there are children who need new, permanent families - and someday they, or their friends or relatives, may decide to adopt a child. Word of mouth about adoption is extremely powerful.

2. Families Already Known to the Agencies

If the first step has not resulted in a potential family for the child, the second step is to assess family resources available to the agencies involved, both the adoption agency and the group care agency.

a. Adoption Agencies

Some families make application to adoption agencies for adoption of a child with special needs without knowledge of a particular child. General public education efforts about adoption such as talks on the radio, brochures, posters, etc., as well as word of mouth, lead families to make inquiries. Sometimes families respond to child-specific recruitment for a particular child, one who may have been featured in a television program about waiting children, for instance, and then, because they decide not to proceed with that child, or because a different family is selected, they become available for another child.

These families may be at different stages in the process. Some have made inquiry, some have made formal application, some have completed a portion of the preparation/home study process, some have an approved home study. Some may be in the same county as the child's legal residence and be known to the agency which holds custody of the child. Others may be in other parts of the state and will be known about through informal contacts between adoption agencies and through the state adoption exchange. The process of responding to inquiries from families, preparing families, and staying informed about family resources known to other local agencies, is an ongoing, continuous process in adoption.

b. Group Care Agencies

Group care agencies are also approached by families about adoption on occasion. Sometimes this happens through the erroneous public image of group care agencies as "orphanages." Other times it occurs through an inquiry from a church member who is associated with the agency or from a community person who is interested in adoption and seeks information or assistance from an agency known to be involved with children. Sometimes the approach about adoption comes from someone who is directly involved with the group care agency as a visiting resource, board member, or volunteer.

Through these avenues, group care agencies can be a source of potential families for children who need adoption, either from that group care agency or from other placement settings. To be helpful to these families, and to the waiting children, group care agencies need to be informed about adoption and able to refer the families to a special needs adoption agency. Brochures from adoption agencies which explain special needs adoption and how to initiate the home study process could be provided by the group care agency to inquiring families. A recommendation should be made to the family to contact the public child welfare agency in their local county or a public or private specialized adoption agency. Providing the name of a specific worker in an agency is particularly helpful. The process of preparation for adoption can be explained briefly. The kinds of children in general who are waiting for adoption can be described. The need for families for waiting children should be reinforced, and the family should be encouraged to pursue their interest.

Specific children in the group care agency who are waiting for adoption should not be described to inquiring families, however, unless this has been agreed upon between the agency which has custody of the child and the group care agency. Families who are already involved with a child will have been contacted about adoption in the first step in the process. Other families do not need to have information about that particular child until and unless they are connected with the adoption agency and are informed by the adoption agency about children waiting for adoption.

3. Families Recruited for This Particular Child

When neither the first nor second steps has been effective in finding a potential family, the third step becomes child-specific recruitment. Here the child himself or herself becomes involved to some extent and, therefore, so do those close to him or her in the group care setting.

Child-specific recruitment may be conducted through one or several of the following means:

a. Inclusion of the Child in the State Photo-Listing of Waiting Children

State photo-listings are loose-leaf notebooks which contain pictures and descriptions of children waiting for adoption. The notebooks are kept current and are distributed widely to such settings as local adoption agencies, adoptive parent groups, and public libraries in the state, and often to adoption agencies in other states as well. In South Carolina the photo-listing is entitled "South Carolina Seedlings"; in North Carolina it is called "PALS" - Photo Adoption Listing Service.

As a rule, when a child is fully cleared for adoption the agency which holds custody is responsible for approving the child's inclusion in the photo-listing - or any other child-specific recruitment. In some instances, the process of finding a family for a child begins before the child is completely cleared for adoption and, in these cases, the court's approval for child-specific recruitment through photo-listings, television, or newspapers may be required.

The children themselves become involved through having their pictures taken, and often through helping to write the description of their interests, characteristics, school situation, etc. The group care agency often facilitates this process by taking the photograph and/or by helping to write the description. The child and the group care agency should always be informed when this strategy is planned, and the activity interpreted to the child sensitively and in a manner which he or she can understand.

Neither the child's last name nor the placement setting is identified in the listing. Interested families usually contact the adoption agency listed with the child's description and then work with their own local adoption agency or a private agency of their choice in the application and preparation process.

b. Inclusion of the Child in Regional and National Photo-Listings and Exchanges

The procedure here is the same as the state photo-listings, but the distribution is wider. The CAP Book (a national photo-listing administered by the Council of Adoptive Parents in Rochester, NY), the National Adoption Exchange, and multi-state photo-listings such as the Southeastern Exchange of the U.S. (SEE US) for the eight southeastern states, are used when the state system has not resulted in a family.

c. Television and Newspaper Features

This type of recruitment involve a feature of a particular child or sibling group each week in a short, regular newspaper column (such as the "A Child Is Hoping" column in the Columbia, S.C., Sunday paper) or in a segment of the evening television news (such as "Wednesday's Child" in several cities in North Carolina and "Tuesday's Child" in South Carolina). These features are sensitively and carefully done and, since they reach the general public, are very effective in finding families not only for the children featured but also for similar waiting children.

The child's adoption worker will prepare the child for being on TV or in the paper and, where TV is to be used, will arrange with the group care agency for the child to be available for filming sessions in the vicinity of the television studio. Where the child and the group care agency are in the viewing area of the television station or in the distribution area of the newspaper being used, careful preparation is needed of the child and his or her child care workers so they can respond appropriately to persons on campus and in the wider community who know the child and see the feature.

Here again, interested families contact the adoption agency listed with the feature and begin the preparation process through their local public child welfare office or a private adoption agency, with no direct contact with the particular child featured until some later time, if at all..

D. PREPARING FAMILIES

The educational work with families to prepare them for adoption, and the written home study or family profile used to describe the family to agencies responsible for waiting children, are tasks handled primarily by adoption agencies. When the family is considering adoption of a particular child in group care, the group care agency has an important role to play in the educational process.

No matter whether the family came into the picture through a prior relationship with the child or through another avenue, preparation for adoption is essential.

1. Preparation for Adoption in General

The thrust of preparing families in special needs adoption is educational, whereas the thrust in traditional adoption tends to be investigative. This educational process is designed to engage the prospective adoptive parents in the following tasks:

- finding out about special needs children and what they are like,
- finding out about adoption and what they can expect as adoptive parents,
- finding out what their own family is like and how it will be affected by adoption, and
- learning parenting techniques for managing the tasks that lie ahead.

Frequently this learning occurs in group sessions organized into a 4-8 week course. The adoption workers and often experienced adoptive parents and other knowledgeable persons are leaders and facilitators in these groups. The opportunity for prospective parents to learn from parents who have adopted special needs children is an important aspect. Handouts, films, group discussions and exercises are used to aid the parents' learning.

When a group preparation process is not feasible, the adoption worker and prospective parents go through the same kind of process together. However, the opportunity to begin to develop a supportive network of relationships with other adoptive parents, one of the advantages of group preparation, will be missing. Adoptive parent support groups and networks are extremely important in helping parents meet the needs of the child during placement and long afterwards. Connecting parents with others who have adopted special needs children is an important part of preparation, whether done in a group or individually.

Prospective adoptive parents, especially those with no previous parenting experience, often "practice" or try themselves out with children before their formal preparation process begins. Sometimes they become foster parents or visiting family resources for a period of time for this learning. Group care agencies and child placement agencies can contribute to this process by making visiting family opportunities available, preferably not with children who are moving toward adoption (because of the possibility of hopes being raised on either side prematurely), but rather with other children who need volunteer visiting families or foster families.

Self-assessment is a key aspect of preparation. The preparation process is geared to help parents decide for themselves whether or not they really want to adopt, what strengths and resources they bring to the endeavor, what areas they may have problems with, how many children they wish to adopt, of what age and characteristics, and what characteristics or behavior they could not accept in a child. The written home study or family profile often includes sections written by the parents themselves, along with face sheets and forms containing information required by agencies.

Sometimes the prospective parents decide at this point that adoption is not the right thing for them. Occasionally the parents are helped to recognize that they are not ready to parent a child with the characteristics of special needs children by the worker being quite direct and open with them. More often, the family and adoption agency define together certain kinds of children which the parents can parent and want to adopt. This information is included in the home study/family profile papers.

As a rule, the family and the child whom they will adopt are not related to the same adoption agency. They may be several counties apart or even several states away from each other and are usually connected with different adoption agencies. If the family is already interested in a particular child, the home study information is shared with the child's adoption agency. If not, the information is shared with a number of other adoption agencies who have children waiting for families (See Section C. 2. above). Sometimes adoption agencies have selection committees which review studies of several families and choose one family to prepare for a particular child. Sometimes at this stage the group care agency is asked for an opinion as to whether a particular family, as profiled in the home study, is likely to be able to meet the needs of a particular child.

When the agencies and family have agreed to proceed with planning toward adoption of a particular child, the next stage of preparation begins.

2. Preparation for Adoption of a Particular Child

At this point the preparation becomes very specific, although it still does not involve the child personally. The group care agency needs to be directly involved here.

The focus now is on this particular child, and information learned previously about the child is shared with the prospective family. What is he or she like? What have his or her experiences been in life? Where is he or she physically, emotionally, mentally? What resources are likely to be needed to help meet this child's needs in the future, and where are they? What relationships of the child's will come with him or her into adoption? If a family group, what are the children like as a group as well as individually? What are the parenting challenges likely to be with this child? What is the nature of the preparation the child has had for adoption? What has his or her experience been in group care, what is the group care setting like, and what adjustments may the child have in the transition to family living? Everything that is known about the child is shared with the parents in written form, verbally, sometimes through video tapes, and through conferences with people such as the child's doctor, teacher, and others who know him or her well.

The group care agency is involved in this process as well as the adoption agency. Both have some aspects of knowledge about the child, but the group care agency may be in the best position to orient the family to the child's experiences and behavior in group care and to the nature of the care setting. The family is still considering adopting this child; therefore the child would not benefit by knowing about the family yet. However, through the involvement of the group care worker with the family, the worker will be able to begin building enthusiasm for the adoption plan for the child with this family, just as family members will be building their knowledge of and commitment to the child. Both of these dynamics become vital to the adoptive placement process.

E. DECISION-MAKING

Whether the family has a prior relationship with the child or not, there is a final decision-making point before the adoptive planning proceeds. The parents, with complete and realistic information about adoption, about themselves, and about this child, choose (or reaffirm their earlier choice) to commit themselves to this child. The child's adoption agency, the family's adoption agency, and the group care agency feel good about the family's decision. Where the child is already involved with the family, the child, too, is willing to cooperate with the plan. Changing the plan, if necessary, is entirely possible at this point - further questions can be raised, further doubts explored - and the family can decide not to proceed. If in such a situation the child is already involved with the family, careful work with both the child and family is done to resolve feelings of guilt and rejection. In any change of plans, the agencies move the process back a few steps and start again immediately to find and prepare an adoptive family for the child.

When everyone involved is ready to say "YES" and when the preparation of the child described in the next chapter has been completed, the placement process begins.

F. BARRIERS AND STRATEGIES IN FINDING AND PREPARING THE FAMILY

In the Group Care/Adoption Project, the following kinds of barriers and strategies to overcome them were identified:

1. Unresolved Resistance to the Adoptive Plan for the Child

This problem can appear in the adoption agency or in the group care agency. If the workers are not really convinced that a family can be found for a particular child, they may slow down the process of finding a family or stop altogether, especially if a family which seems to have potential decides not to proceed. If the workers are committed to finding the "perfect" family, no family will be "good enough." If the first and second steps are not successful and there is resistance to the third step, i.e., child-specific recruitment strategies, it may be that commitment to the adoptive plan in the first place was not total. On the other hand, it may be that information about the processes involved in special needs adoption and their rationale has not been fully shared.

Strategies for this barrier include the following:

- prevention through a review of the key principles of special needs adoption related to finding and preparing families in Section B above, as well as review of permanency planning and special needs adoption very early in the adoptive planning process,
- sharing of concerns between the agencies involved as concerns arise in the course of the work,
- persistence and advocacy, by even one worker, to keep the process moving forward,
- the sharing of the family summary by the adoption worker with the group care worker to lessen resistance and increase confidence and support.

2. Resistance by the Group Care Agency to Child-Specific Recruitment Strategies

It may be that, even with full orientation to special needs adoption concepts and practices, a group care agency may be opposed to child-specific recruitment, especially television and newspaper features. This strategy is debated even among adoption workers and is always used as a "last resort." Some group care agencies may have a problem about it in relation to their own agency mission as a service resource to children and their own families. Others may be concerned particularly about "advertising" children in their own home community, which potentially may be viewed by the child's biological family and relatives. The dilemma is, of course, that a family might arise through step two strategies, but this might take more time, and it might never happen.

Strategies here include the following:

- prevention and sharing concerns between agencies as above,
- a clear interpretation of how this approach is handled sensitively with the child and caregivers and how effective it is in finding families for waiting children,
- accommodation to the concern about recruitment in the child's home or group care community, through making arrangements for recruitment elsewhere in the state or even in nearby states,

- reaching agreement that step two strategies will be pursued for a defined period of time, after which other approaches will be used as needed,
- getting the active involvement of the group care agency in identifying potential families,
- making clear that the decision on strategies to be used is the right and responsibility of the agency which holds custody of the child and giving consideration to moving the child to a different placement setting, as needed.

3. Lack of Opportunity for Group Care Agency Involvement

Sometimes the group care agency is ready and willing to assist but is not seen as a necessary resource in this phase of the adoptive process. The staff's knowledge about the child is not asked for and/or the staff are not given a chance to orient the family to group care or to get acquainted with and become enthusiastic about the family being prepared for the child. This denies the family the opportunity for important learning and may later on deny the child the kind of support, encouragement, and "permission" he or she needs to make an effective transition to the adoptive family.

The strategy here is primarily for the group care staff to be assertive and persistent. Early in the planning process, assistance from the group care agency should be built into the joint plan, through their offers of help and even their insistence. Written information on the child can be provided even when it is not asked for. Invitations to meet with the prospective family, when the family is being prepared for the particular child, can be extended to the adoption worker. Inquiries periodically as to how the home finding and preparation are progressing, and whether the group care agency can help, are useful reminders that the group care staff care and want/need to be involved.

4. Timing Problems in Preparing Families

In some cases families who are interested in special needs adoption are put on waiting lists of several months to begin the preparation process, even when they have a particular child in mind. This, of course, delays the placement of the waiting children and becomes very frustrating for the child's group care and adoption workers. Where a backlog develops following a child-specific recruitment feature, the public gets a mixed message which may negatively affect future recruitment efforts.

In part this is an administrative problem in adoption agencies. Advocates inside or outside a particular agency can make a case for a number of strategies which will help solve the general problem, including the following:

- group preparation of families, which can save staff time as well as providing other advantages,

- use of volunteers - adoptive parents and others - in group preparation, which saves even more staff time,
- adding staff as a cost-saving move, since facilitating adoptive placement is less expensive for the agency in the long run than is long-term foster care.[12]

On an individual, case-by-case basis, several strategies for a concerned worker from either an adoption or a group care agency may be used:

- being a "squeaky wheel" about a particular child so that attention is paid to a potential family for that child (even though attention may not be paid to a family for another child) - including voicing concern about the delay to successively higher offices in the hierarchy,
- putting a potential family in touch with a private or other public agency for the preparation process (and helping the family find funds to support any costs involved, as necessary),
- offering to help with the preparation process,
- putting a waiting family in touch with other adoptive parents of children with special needs for support, beginning their learning about adoption, and perhaps help in "working the system."

Another dilemma which is related to timing has to do with the coordination between preparation of the child and preparation of the family. The child needs to be informed and involved in some ways in the adoptive planning process very early, and delays in finding and preparing the family can be extremely difficult for the child. See Chapter VI for further discussion on this point.

5. Traditional Investigative Approach Used with Families

Parents who are not given assistance in learning and preparing themselves for adoption are short-changed, and so are their children. However, adoption agency workers do not uniformly use or know how to use an effective educational approach, although this situation is changing rapidly. Orientation of families to the child's experience and routines in group care is frequently neglected even when the educational approach is used.

The child's adoption worker and the group care worker should not assume that the family has been fully prepared for the child. The following strategies are recommended for either or both of these workers.

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[12] See Ann Sullivan and Patricia Gustaveson Sipp, The Cost-Effectiveness of Adoption: A Manual for Comparing Costs of Adoption and Foster Care, Chapel Hill, NC: Region IV Adoption Resource Center, GCCCS, UNC School of Social Work, 1981, for useful strategies.

- check into the kind of preparation the family is having or has had, through the family's worker and/or the written family profile/home study,
- encourage the adoption worker for the family to supplement the preparation, as needed,
- provide orientation to the prospective family to the child's experience in group care (if necessary this can be delayed until the placement process - see Chapter VII),
- suggest reading materials on preparation of families to the family's worker (see Appendix F),
- provide supplementary preparation to the family about adoption in general and/or about the particular child, as needed (again, during the placement process if an opportunity is not available earlier),
- raise questions through the child's adoption agency about the adequacy of the family's preparation for the child at or before the final decision-making point.

6. Insufficient Information Flow and Shared Planning Between Agencies

The adoption agencies will be very busy during this stage in activities which seem not to affect the child directly yet. However, the child who is waiting for the family to be found may find the waiting extremely difficult, and the group care staff involved with him or her need to be provided with information periodically on the status of these home finding and preparation tasks so as to be helpful to the child.

Helpful strategies here include the following:
- a review by the agencies together, beforehand, of the tasks described in this chapter and a jointly made plan for the roles to be played by each agency and for the sharing of information during the process,
- initiative by either agency, at any point in the process, in checking with the other as to how the process is going and raising questions and concerns.

When child-specific recruitment is planned, this sharing of information becomes even more critical, because the child, his or her peers, and the caregivers, will be more directly involved. In the Group Care/Adoption Project two situations developed which were related to this barrier:

- In one situation, a child was asked by the adoption agency to "sign a paper" about adoption before child-specific recruitment would begin. The group care staff, who were asked to arrange for the meeting between the child and the agency director in the child's home community, were quite confused about this procedure, as was the child. They learned only afterwards that this unusual feature of the process was due to the agency's uncertainty that the child was really ready to cooperate with an adoptive plan and their desire to involve the child in a rather formal agreement process. Had the group care agency been more fully informed ahead of time, staff could have been more helpful to the child.

- In another situation, a child to be featured on television was told that the program would be aired on a particular evening. She and her cottage group eagerly sat down to watch, only to see featured a sibling group of quite retarded children. However the incorrect information was given to the child, the effect on her was a major one, not only because of the disappointment of not seeing herself after all, but also because of her association with these quite handicapped children, for which she had not been prepared. Her feature was aired the next week, and another unexpected result occurred. Many of her public school friends learned for the first time that she lived at the group care agency, and she felt very rejected by their reactions. None of the adults involved with the child had known she had kept this information from her friends. In this situation the group care agency was very involved with the adoption process and could have been helped to prepare the child more fully for these possibilities.

G. SUMMARY OF TASKS: FINDING AND PREPARING THE FAMILY

1. Initial review by all parties of basic principles and processes in finding and preparing families in special needs adoption.

2. Shared plans made and confirmed in writing by the child's adoption and group care workers for the home finding and preparation process: communication patterns, tasks and roles to be carried by each agency, projected time frame and steps, decision-making process.

3. Families already involved with the child identified and explored.

4. Interested family identified. (Skip to task number 15.)

5. No interested family identified; decision made and shared to move to the second step in finding a family.

6. Written summary of the child prepared, including descriptive information and a photograph.

7. Child's summary shared with the state adoption exchange and through informal contacts between adoption agencies; information about possible families relayed to the child's adoption agency.

8. Available family resources assessed.

9. Potential family identified. (Skip to task number 15.)

10. No potential family identified; decision made and shared to move to the third step in finding a family.

11. Preparation of the child for child-specific recruitment.

12. Preparation and submission of written description and photograph of the child for state photo-listing.

13. Arrangement for television or newspaper feature, as needed; involvement and preparation of the child and of the child's cottage group and child care workers, if recruitment is in the vicinity of group care agency.

14. Submission of written description and photograph to regional and national photo listings and exchanges, as needed.

15. Potential family identified; application by family to adoption agency for preparation/home study.

16. Preparation of the family for adoption in general, including linking the family with adoptive parent groups if feasible.

17. Preparation of written family profile/home study; profile shared with and assessed by child's adoption agency; agency decision to proceed.

18. Child's written summary shared with the family.

19. Decision made and shared by/among agencies and family to proceed with preparing the family to adopt this particular child.

20. Full sharing of information about the child with the family; exploration of resources needed; preparation of the family about group care.

21. Final decision-making by the family and agencies to proceed toward adoptive placement of the child.

CHAPTER VI.

PREPARING THE CHILD FOR ADOPTION

A. INTRODUCTION

Once the "whether" issue of adoption has been settled for and with a child, the "how" process of preparation begins. Preparation is a time of high emotional involvement for all, it can be a time of ambivalence, and it is certainly a time of change for the child. In fact, it is a time of crisis. The Chinese symbol for the word "crisis" consists of the two characters, one for "danger" and another for "opportunity." These two components underlie the preparation process. The dangers or risks must be balanced against the opportunities for movement into permanency. Fear of the possibility of failure can affect all those involved in planning the adoption. For the child and the family, rejection is a great fear. The social worker also has fears - of failure, of misjudgment, of possible damage to the child or family - with which he or she struggles. In spite of these personal concerns, the social worker works to minimize the risks of failure while holding firmly in sight the opportunities of placement. As the practice wisdom states, "the only placement that always fails is the one that isn't tried."

The opportunities in placement are more clearly seen by the social worker when the placement goals are remembered and reaffirmed. The child is the primary client and deserves permanency in a family to develop into a fully functioning adult able to parent in turn. Children need families even in their teen years and beyond. There are families who are willing to accept the challenges, risks, and unknowns along with the positives of adoption. Agencies can recruit, educate, and support families and children in adoptive placement and make the placements work. Even "failed" placements can be a time of learning for everyone involved, and children can be and are successfully re-placed. Social workers who place "special needs" children very often find that just one of those placements brings more satisfaction than several "easier" ones. It is also helpful to remember that every positive action, even adoption, has some negative consequences but that these risks are outweighed by the successful placements.

Preparation of the child for adoption usually involves two phases, as it does for prospective families - preparation for adoption in general and then preparation for a specific family. This chapter deals with preparation for adoption in general. The timing of the child's preparation must be planned in relation to the timing of the family's preparation. Generally these are simultaneous processes. However, if either must wait, it should be the family, who is more intact and more stable than is the child. Having a child prepared and waiting is hard not only on the child, but also on the child's peers, caretakers, and workers.

Very early in the preparation process, agreement needs to be reached by staff in the adoption and group care agencies as to how the preparation tasks will be shared. Preparation of the child needs to be built around clearly assigned tasks and freely flowing information. The information that must be shared between all parties is the basis for assigning tasks in the preparation work. When all have reaffirmed the goal of adoption, examined risks, and opted for the opportunities, then the process of preparation is underway.

B. ENDINGS AND BEGINNINGS

The three basic issues for the child in preparing for adoption are:

Who am I?
How did I get separated from my family?
What is going to happen to me in the future?

These three basic questions dealing with past, present, and future, are critical issues for all children in foster care. "And whether or not the child is going to make an adequate adjustment in life and come to grips with his placement (and with his need to be placed somewhere other than his family) will, in large part, be determined by how skillfully someone helps him come to grips with these questions."[13]

For almost all children, moving into adoption brings about a recapitulation of all past moves. Unresolved grief becomes mixed with new grieving and fears, yet there is also excitement and momentum. The worker must be aware of these issues and feelings. Since the worker generally does not live with the child, the importance of interfacing with the daily caregivers of the child cannot be overstated. The worker must gather information about the child in a planful way. Information that is negative must be included along with the positives. Sometimes outside consultation, as with physicians or psychologists, is necessary. The information that is gathered about the child is also gathered for the child. This information is used both to prepare the child and to place the child with the right family.

1. Endings

The "endings" for the child are made up of a review of the past and an assessment of how to proceed with the future adoptive placement. Under this heading are the following areas to learn about and explore with the child:

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[13] From Group Care to Family Living: The Adoption Alternative, Kathryn S. Donley, Seminar Leader, p. 38.

a. Primary Person(s) in the Group Care Setting.

Who is the significant person to the child in the group care setting, and what is this person's attitude? Interestingly enough, this is not always a person in an obvious role such as child care worker or counselor. Quite often the child may relate best to and confide in some other staff person. In one group home, for example, an elderly custodian keeps the confidences of many of the teenagers. His acceptance of the adoption was critical in moving one teenager who had a great deal of resistance to this plan. However, this man needed to be oriented and educated about adoption; this is often the case once the primary person has been identified. The primary person can function to slow a placement or can be very valuable in bridging the child to adoption.

b. Basic Information

Does the child have special health, emotional, or school needs? The child and worker (especially when the worker has had no previous relationship to the child) need to understand how and when these needs developed. The worker, and perhaps the child, needs access to records which contain this information. With regard to health, it has been found that many group care children seem to have an above-average illness and injury rate. Many times this is due to the child's seeking individual attention in the group setting, but organic and non-organic factors must be assessed.

c. Brothers and Sisters

Are all members of the family group to be placed, and, if so, are they to be placed together? The worker needs to explore with the children and the group care staff the relationships between and among brothers and sisters. The general philosophy is to keep brothers and sisters together, because they may have lost all the rest of the family and because sibling relationships may actually be stronger than parent-child relationships, unless the advisability of this plan is strongly questionable based on the needs and relationships of the children.

Sometimes the worker finds brothers and sisters who do not want to be placed together. In two such situations recently, one group was separated and one was not. Two sisters were separated at their request when it was recognized that they were very different and that both were very needy. A larger group was kept together after working with them through some guilt and blaming among themselves over removal from the birth family.

d. Attachments

What attachments with birth family members and/or former caregivers or others are important to the child? Information needs to gathered for and with the child about these relationships. This serves several purposes:

- to help the child sort out his memories of his past years, especially if he or she has had a complicated placement history as do many children in group care,
- to help the child understand the reality of the various events in his or her past, and to let go of the fantasy reasons he or she may have created to explain these events,
- to help the child express and work through the feelings about attachments to the past - the prospect of moving often brings forth nostalgia for the past.

Perhaps the most difficult child to place is that child who has had minimal or faulty bonding with adults in his or her life. This child often exhibits a range of behaviors described by Vera Fahlberg in Attachment and Separation[14].

e. Identification

Based on the past, how does the child perceive him/herself? Identification with birth relatives and group care staff are general issues to be understood and explored. There are also the issues of racial, age, and sexual identification. Sexual identification and sexuality are very important in that they are based in the past but will greatly affect the future. Workers often find it helpful as part of the preparation process to learn about the child's sexual experiences and information or misinformation.

f. Resistance to Change

When can the child move, and how? The worker and child should review past moves. And the worker needs to understand the child's sense of time and assess the child's fears of unknowns, changes, and loss. It is almost never appropriate to place a child into adoption on an "emergency" basis, as this very often leads to other "emergency" placements and is always a frightening experience for the child.

g. Grief Work/Anger

To what extent has the child expressed sadness and anger at moving in the past? Among the many feelings, including ambivalence, that the child will have, two that must find expression are sadness and anger. The work to help the child to express feelings may lead to a deterioration in the child's behavior for a time, and for this reason all those involved with the child need to understand the process. Grief and anger are natural at a time of loss and change, although the child may need to learn acceptable ways to express these feelings. The child's grief work around an impending placement is very often complicated by unexpressed sadness and anger from the past.

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[14] Vera Fahlberg, M.D., Attachment and Separation: Putting the Pieces Together, Michigan Department of Social Services, 1979.

2. Beginnings

The "beginnings" for the child who is moving into adoption include both bringing the child to an understanding of where s/he is now, and then where s/he is going. As with the "endings," the social worker who carries primary responsibility needs the support of all other adults who are working with the child, including the child care workers in the placement setting. In some ways, the worker learns during the "endings" phase and models/teaches during "beginnings."

a. Developmental Stage

Where is the child developmentally or functionally? This is not the same process as in the "endings" phase, even though delays are commonly identified then. Rather, it is the overlapping of developmental models of growth with the developmental model of adoption in planning how to place the child. The child's developmental stage will influence and be influenced by the adoption.

b. Self-directedness

How intact is the child? This must be known in order to know how to involve the child. Does the child understand his/her needs? Could s/he help choose a family? Due to the focus on the needs of the group in group care settings, as well as the changing adult models available to the child as staff change, most group care children have had fewer opportunities to practice judgment than children placed with families. If the child does not have good judgment, s/he should not be asked to take on too much responsibility in selecting a family, or in other aspects of the adoptive process.

Sometimes other characteristics of the child are misconstrued by caretakers as good judgment. For example, two sisters who were moving into placement chose a family with the support of their group home staff. The social worker did not support that choice, and only when the girls' manipulative behavior was pointed out to the staff was the situation sorted out. These girls were very "successful" in the group home and were favorites of the staff who thought the girls had good judgment. When they were placed, it was found that their judgment was actually not very good, mainly from having lived in a "sheltered" environment for many years. One of the things they had to learn, unfortunately, was that the larger world is not as physically safe as the one they had left.

c. Concept of a Family

How does the child perceive living in a family? Oftentimes, this perception is unrealistically positive or negative. This could be from the media (e.g., "Annie," "Oliver," "The Brady Bunch"), from the child's past experiences with families, or from other children's reports and experiences.

An aspect of the work to be done around children's concept of family is to help them sort out the different roles of different parenting figures in their life. An explanation of birth parents, legal parents, and parenting parents, as in Fahlberg's model, can be a great help here. For a child in foster care who has been cleared for adoption, the legal parent is the state and the parenting parent the care-givers or caring agency. Adoption brings the legal and parenting parent roles together, while the birth parents will always, of course, remain the parents who gave the child life and many of his physical and personality characteristics.[15]

d. Specific Preparation

How can you help the child practice family living? Different agencies and communities have different resources. Some strategies used with children include the following:

- watching videotapes and discussing perceptions with the worker,
- talking with adopted children and use of group work and role play,
- visiting with, or having a transition placement with, a family prepared to provide the child with "practice" in being a part of a family.

The South Carolina Department of Social Services uses the Therapeutic Foster Care Program to help prepare some children with very special needs for family living. Children who have had unsuccessful experiences in family or group living are targeted for the program. Experienced parents receive specialized

e. Preparing Others

Do the child's peers, schoolmates, teachers, etc., know that the child is being adopted? These important others to the child need to know, for example, why a child might be featured in a media campaign, why s/he is seeing the social worker so frequently, or why s/he is perhaps on a different visiting plan than other children in the cottage. They need to be prepared to be supportive to the child, they need to know what adoption is, and they need accurate information about contact with the child after placement.

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[15] Vera Fahlberg, Helping Children When They Must Move: Putting The Pieces Together, Michigan Department of Social Services, 1979.screening and training before becoming therapeutic foster parents. They also work closely with schools, doctors, and psychologists and have a weekly support group in which information and experiences in preparing children for family living are shared. The goal is for the therapeutic parents to bridge the way into adoption. Children thought to be "unplaceable" are successfully moving into adoptive placements as a result of this process.

f. Recruitment

Does the child understand recruitment? The child needs to know the purpose of recruitment and that this is how most families are located. It is extremely helpful to show the child examples of television spots and media write-ups. In fact, almost all children can participate in writing their own descriptive summary. Not only does this give them some control, but it also is helpful to the worker to know how the child wants to present him/herself.

The child needs to be clear that the adoptive family will know a great deal about him or her, not only what is described in the recruitment material, but everything else as well. This is often a great relief to children who typically fear they would be rejected if the family really knew what they are like. They need to be reassured that the right family for them will know as much as possible about them and will want to adopt them.

C. THE LIFE BOOK

The life book is often the primary tool used in preparing the child for adoption. It serves two purposes:

- first, it provides a medium through which the child and the worker can communicate about both "endings" and "beginnings" issues; and
- second, it provides a concrete, written and pictorial record for the child of important life events.

As a "tool," the life book is primarily a means to the end of resolving for the child the three basic questions (who am I, how did I get here, where am I going), rather than an end in itself. Sometimes the child chooses to share this concrete record about himself or herself with his new adoptive family prior to their first meeting as a type of introduction.

> "The easiest time to begin a life book is as a child enters the foster care system when birth, developmental, and family history are readily available. Unfortunately, a life book is frequently not begun, and it becomes the caseworker's job to go back and locate the information. ...
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> "It is never too late to start a life book. Ideally, foster parents (and other care givers) can be involved in the process, and, if necessary, the adoptive parents can begin helping the child at the time of placement. Since the child usually experiences strong feelings during the process of completing the life book, sharing these feelings with adoptive parents could be an important component of building a relationship with them.

> "There is no 'right way' to help a child begin to piece together the information into a personal life record. The worker must be sensitive to the areas that are of the most interest to the child and proceed from there. For the child whose greatest interest or anxiety lies in past losses, the past is an appropriate beginning place. For the child who voices much concern and curiosity about the unknown future, the future may be the appropriate beginning place. For the child reluctant to deal with past or anticipated losses, the present makes a comfortable place to begin."[16]

Life books include a variety of contents which are unique to the interests and experience of each particular child. As a rule, when brothers and sisters are involved, each child develops his or her own life book. The life book contains a narrative "story" of events, memories, feelings, hopes, and important relationships, written by the child or, if necessary, by an adult in the child's own words. In addition, time lines, family trees, photographs, drawings, pictures cut out of magazines which remind the child of certain events, places or feelings, copies of birth certificates, etc., are often included. An example of a life book, done by a boy in group care in preparation for his move into adoption, appears in Appendix E.

Since the development of the life book is a concrete task, discussions with a child in the process of putting the book together are often much more productive than simply "talking." The discussions, the expression of feelings, the re-discovery of past events, the growing understanding of the answers to the three basic questions - these are at the heart of the life book process.

D. COLLABORATIVE WORK IN THE PREPARATION PROCESS

1. Providing Materials for the Life Book

Any of the adults who are involved with a child can contribute to the life book process through helping to gather information. Photographs of former foster families, relatives, schools, the hospital where the child was born, etc., can be taken during visits to the child's home community. Case records from the agencies involved with the child currently and in the past can be reviewed for information which can help the child understand his or her past. Relatives and former and current caregivers can provide photographs.

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[16] Vera I. Fahlberg and Claudia L. Jewett, "Preparing Children for Adoption," Unit IV Resource Booklet, In-Service Training Curriculum for Adoption Workers in the Placement of Children with Special Needs, prepared by the Office of Continuing Social Work Education, School of Social Work, Athens, GA, 1982.

2. Support to the Child

Perhaps the most important contribution which can be made by the adults who are not carrying primary responsibility for preparation of the child is their support and encouragement of the child. The feelings which are being dealt with in the preparation process will not only be expressed during conferences with the primary worker, but will also be in evidence in other areas of the child's life. The child care workers, in particular, need to be aware of and supportive of the preparation process. Their provision of information about the child's behavior and feelings to the adoption worker and their support to the child to help him or her express feelings in healthy ways will be extremely valuable.

3. Arranging Time for the Preparation Work

Collaboration will also be important in arranging the time for the child and the primary worker to be together. Particularly where the primary worker in the preparation process is the child's adoption worker, some flexibility on both agencies' part likely will be required to work out transportation and time schedules suitable to this rather intense work and to the child's needs.

4. Sharing the Preparation Work Between Agencies; Helping People Learn About Life Books

Preparation of children for adoption can very effectively include group discussions and group counseling. Where several children in a group care setting are preparing for adoption at the same time, group work with these children can be highly appropriate. These groups can best be co-led by an adoption specialist and a group care social worker, as is currently being done by staff of the Epworth Children's Home and the South Carolina Department of Social Services.

Life books can be useful tools for work with any child in temporary placement, whether or not adoption is the plan. The preparation of a child for adoption is a good opportunity for the group care social worker and child care workers to learn more about the life book process. Sometimes the group care social worker becomes the primary worker in the preparation process, with the adoption worker as a "tutor" as needed. Sometimes the tasks are divided between the two social workers - for instance, with the adoption worker doing the work around "past" and "future," with the group care worker doing the work around the "present" - and with close communication between the two throughout.

5. Preparing the Child for Family Living

Children in group care will vary a great deal in the degree of preparation they need in this area. Factors such as the length of time the child has been in group care, the nature of the care setting, and the experience of the child in a family prior to placement, will make each situation unique. In any case of preparing a child in group care to move toward adoption, however, an assessment is needed, and some degree of preparation will be needed by both the child and the adoptive family.

The process of moving a child to family living from group care actually occurs frequently as children leave placement to return home, to relatives, or to foster family care. However, specific attention seems to be paid to this factor only when the child is moving to adoption, and awareness of the issues involved seems to come more from the adoption workers than from group care staff. Both, however, have a role to play in this aspect of the preparation process.

Group care staff can help adoption staff learn about such factors as the following:

- the areas of daily living in which the child makes decisions for himself or herself and how the child handles these decisions,
- the time schedules and routines on the campus which are followed by all children and how the child responds to these,
- the way the child uses free time;
- how the child deals with the lack of structure and/or the occasional absence of peers available,
- evidences of the degree to which the child exercises good judgment,
- experiences of the child in stores, restaurants, public playgrounds, and other settings when he or she is alone or with peers not supervised by group care staff,
- evidences of the child's ability to accept responsibility for his or her actions and decisions,
- discipline methods used with the child and his or her response to these,
- the child's experience with having pocket money and how he or she handles this.

The primary worker may want to talk with the child's visiting family about the child's experiences and behavior on weekends away from the group care setting. In addition, the worker's personal experience, through spending time with the child in the normal routines in group care, will add to his or her understanding of some of these dimensions.

This assessment becomes important in preparation of the family and in the support given by the agencies to the child and the family during pre-placement visits and following placement, as described in Chapters V and VII. It may also lead the agency to devise plans to increase the child's opportunities for exposure to and practice in handling some of these issues during his or her preparation process, as described under "specific preparation" in Section B above.

E. BARRIERS AND STRATEGIES IN PREPARATION OF THE CHILD

Some barriers at this stage in the process are problems which affect the primary worker only, such as difficulties in obtaining information, arranging the time to meet with the child intensively for this work, and learning the skills necessary for work with the child around extremely negative events in his or her past. For purposes of this Manual, two types of barriers can affect both the agencies involved with the child:

1. Lack of Coordination Between Preparation of the Child and Preparation of the Family

The timing of all these processes can be difficult to predict and, even with the best of shared planning, timing problems can occur. The prepared family can become so eager to move forward that preparation of the child may be short-changed. Prepared children can become so frustrated by delays in finding a family that they may give up hope, or they may decide to take the matter into their own hands and try to find a family for themselves.

The fact that usually three agencies will be involved and affected makes coordination particularly challenging. Not only is shared planning and communication more difficult, but also professional opinions may differ about the preparation process. In adoptive planning with older children it is not possible, or advisable, to delay preparation of the child entirely until the family is identified and ready. Waiting would deny the child an opportunity to deal with the "endings" involved in the legal process as well as the "beginnings" of the recruitment activities - even though waiting might be easier on the agency workers.

The strategies here are:

- careful planning among those who are involved in preparing the child and those who are working to find and prepare the family, in order to coordinate the timing these processes to the best of their ability,
- close communication throughout the process,
- flexibility, so that work with the child can be speeded up or slowed down as needed and as appropriate to the child's situation.

2. Insufficient Sharing of Information Between the Child's Adoption Worker and the Group Care Agency

This problem becomes obvious when:

- group care staff become troubled by the child's behavior "eruptions" and worry that adoption is not a good plan,

- child care workers are not prepared to watch for certain behaviors at the time that the preparation work begins to focus on difficult events in the child's past,
- the primary worker is not aware of behavioral or other reactions of the child to the preparation process,
- the primary worker is not informed about pieces of the child's history or experience which may be usefully included in the preparation,
- the child and the primary worker are not able to meet to work together as frequently as either or both would like.

As in other phases of the adoption process, joint planning ahead of time and frequent open communication during the preparation process will help to prevent these kinds of difficulties. Initiative taken by either the group care agency or the adoption agency with the other is essential when confusions or questions or problems occur. Orientation of the child care workers as well as other staff who have a special relationship with the child beforehand, and ongoing communication and support to them during the process, are also critical elements.

F. SUMMARY OF TASKS: PREPARING THE CHILD FOR ADOPTION

The planning for specific components of the preparation process will need to be based on unique factors in each particular situation, such as the child's needs, timing considerations, how the agencies will collaborate, and distance factors. Tasks 1, 2, and 3 below should precede all others, but the other tasks on this list may be accomplished in a different order, and some are ongoing throughout the process.

1. Review by the adoption and group care workers together of "risks and opportunities" and of processes used in preparing children with special needs for adoption in general; reaffirmation of the goal.

2. Specific plans made jointly and confirmed in writing for preparation of this particular child, including the following:
   a. what needs to be done,
   b. who will take the lead role,
   c. who else will help, with what, how, and when,
   d. the process for making arrangements for the primary worker and the child to work together,
   e. how preparation of the child will be timed in relation to preparation of the family,
   f. what information will be shared, at what points, by whom to whom,
   g. what will be the indicators that the preparation phase is completed.

3. Orientation about the preparation process provided to the child care worker(s) and to the child's "primary person(s)" in his or her life in placement.
4. Information gathered for assessment of endings and beginnings issues.
5. Preparation of and ongoing support to child care worker(s) and other significant persons to support the child and help peers, etc., understand.
6. Work with the child around endings and beginnings issues through life book and/or other means.
7. Information gathered and assessed regarding issues in moving from group care to family living.
8. Plans made and carried out for specific preparation of the child for family living, as feasible during this phase.
9. Ongoing communication between the group care and adoption social workers, including the adoptive family's social worker.
10. Agreement on assessment of indicators that this phase is completed.

CHAPTER VII.

THE PLACEMENT PROCESS

A. INTRODUCTION

After adoption has been decided upon as the desired alternative, the child has been cleared legally for adoption, a family resource has been selected, and both the child and the family have been prepared, it is time for the placement process itself. The placement process prepares the child for adoption with the specific family and integrates the child into the adoptive family.

Recognition that the child who is being moved from group care into an adoptive home may not have experienced a stable family life for many years, or ever, is important. The child may not know what to expect from "mothers" or "fathers." In addition, the child's experience in group care has been very different from family life. The placement process provides both the child and the family the opportunity to experience and adapt to the differences between group living and family living which have been discussed during the preparation process.

Close work between the adoption agency(ies) and the group care agency is essential during the placement process. Tasks and roles to be carried by each agency and the strategies to be used to share information and planning need to be defined clearly before the placement process begins. Very often two adoption workers from two different agencies will be involved: one is the child's worker; the other is the family's worker. Therefore, in many cases communication is three-sided: the group care agency, the adoption agency which is working with the family, and the adoption agency which is working with the child. This stage in the adoption process is, perhaps more than any of the others, a team effort, although a great deal of teamwork will have been needed to have reached this stage.

B. PRE-PLACEMENT VISITS

1. Purposes

Pre-placement visits begin the process of integrating the child into the new family. They serve the following purposes:

- to help the child and family come to know and like each other in a gradually more intensive way,
- to identify stress areas which may need attention before and/or after the child moves in with the family,
- to build on the initial commitment of the family and child to each other and to the adoption.

Before pre-placement visits begin, the child and family will already have some information about each other. The family is ready to begin building a relationship, and the child is at least willing to meet the family and begin to get acquainted. While it is always possible for a decision to be made during the pre-placement visiting period that the family and child are not right for each other, the decision to build a relationship has already been made, at least by the adults, and the intention of the visiting is not to test out the possibility of developing a relationship. Pre-placement visiting is the first step in the building process.

2. Preparation for the First Meeting

Prior to the first meeting between the child and the family, the family will have been provided with complete information about the child, including written material, pictures, and perhaps video tapes. "Blind visits," often used in traditional adoption practice, are not recommended in special needs adoption. In a blind visit, the workers set up a situation where the family can observe the child from a distance, but the child and family will not be formally introduced to each other at this time. Problems with this approach include the fact that the child almost always senses that he or she is being observed, and his probably weak ability to trust adults may be further impaired. In addition, many workers dislike this somewhat manipulative and dishonest strategy. Video tapes or films of the child are a good substitute.

When the family is as committed as it is possible to be without actually having experienced a meeting, the workers discuss with the child the family which has been selected. Family picture books can be a great help here. These are photo album/scrapbooks which contain such information as a description of each member of the family, their favorite activities, the home, the local school, and some written comments by various family members about the people and activities shown. Pictures of the room designated for the child, the family pets, neighborhood children, etc., are usually included as well. On occasion, audio tapes or video tapes are used to present the family to the child.

3. The First Meeting

The child's pictorial introduction to the family should be followed within a few days by a meeting. Ideally the first meeting should be short, a maximum of 2-3 hours, and should include some activity that can be enjoyed by both the family and child, such as a trip to a restaurant, a park, miniature golf, bowling, etc. It is extremely difficult to have a child and a family, who are strangers to each other, sit in a room together for the first time just to talk. Such activities as those listed above ease the pressure and anxiety somewhat and allow both family and child to observe each other without the constant pressure of wondering whether or not they are behaving appropriately. An enjoyable activity which takes place on the grounds of the group care agency, on the child's familiar territory, may be the plan in order to provide the added advantage of increasing his or her comfort level. The sharing of the child's life story book with the family and the family's scrapbook with the child during the first meeting can be very beneficial. Adoption and/or group care workers may be involved in the meeting itself or in the background, depending on the situation.

4. Assessing the Experience

After the first meeting, review of the experience separately with the child and with the family takes place. This assessment process occurs throughout the pre-placement visiting period, with gradually less intensity and formality as moving day approaches. The family's adoption worker will talk over with family members their impressions, likes and dislikes, concerns, etc. The child's adoption worker, group care social worker, and/or child care worker will talk over the same issues with the child. In addition, the group care staff will be sensitive to clues in the child's behavior which may be signs of his or her concerns or fears and will share this information with other members of the team. Team members then plan together and with the family for the next contact. As the pre-placement visiting process proceeds, these conferences may be held with the family and child together and with staff of one or several of the agencies.

5. Pre-Placements Visits in the Adoptive Home

When both the family and child feel they are ready to move forward (perhaps after several short visits in the child's group care setting), the pre-placement visits begin. It is extremely important that the group care facility's visiting system be adapted to the needs of this process. For instance, it may be essential that the first one or two visits in the adoptive home be only daytime visits. The timing of the visits needs to be determined by the growing commitment and readiness of the child and family to be together rather than by the normal visiting procedures in the group care agency. Distance problems may have to be overcome and, where considerable distances are involved, it may be necessary for the group care worker to take the child to a mid-way point to meet the family and/or the adoption worker. Costs for transportation need to be worked out. In cases where the family lives a great distance away, such as in another state, creativity is needed to develop ways for the visiting to take place.

One of the tasks in the placement process is to establish the ground rules; that is, to help the child learn what it is like to live in this particular family. Even for the child who has had adequate role models and family experiences in his past, life in this family unit cannot be the same as life in any other. These pre-placement visits will help the child know what the expectations are in this family, what family members do and don't do, where the limits are, and what some of the traditions are. When the child returns to the group care unit between visits, time is provided for both the child and the family to analyze their responses to each other and to adjust these responses where it seems important. Additionally, this time helps to cushion the separation from the old and to foster the attachment to the new.

In many ways the pre-placement visiting period is an emotional experience not unlike a courtship. (In fact, some feel that specialized adoption has many characteristics which are similar to marriage.) The family and child are testing the "chemistry" between them to see if a spark is there which can lead to bonding, nurturing and love. Even though considerable learning takes place during the visits, the emotional dimension is a major part of the experience.

It is also important that, during this time, the family and child decide together how they intend to explain the placement; that is, what they will tell the general community and the world about this placement situation. This has been referred to as the "cover story" - a term coined by Kathryn Donley to denote the socially acceptable and accurate account of how the child came to be placed in the adoptive home.[17]

6. Preparation for the Transition from Group Care to Family Living

A major factor in the adoption of children from a group care setting, which is different from other special needs adoptions, has to do with the difference between group care and family living. There are three primary dimensions of this difference: structure, relationships, and behavior.

a. Structure

The child who has been living in group care may find it very difficult at first not to be surrounded by a group of peers or to be unable to run down to the recreation building after dinner. The lifestyle of a child in a group care facility is normally more structured, with more frequent planned activities and fewer opportunities to be alone, than in a family setting. Children may not be experienced in planning their own time and entertaining themselves. Children may expect and assume that each day follows a regular pattern, with meals, bedtime, and other activities of the day always at the same time. The adoptive family may find this frustrating and hard to cope with if they do not understand the routines that their child is accustomed to following.

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[17] Claudia L. Jewett, Adopting the Older Child, Harvard, MA: The Harvard Common Press, 1978, p. 69.

The difference in structure will vary, of course, depending on the particular patterns of the group care agency and the length of time the child has been in the placement setting. Adjustment for the child and understanding by the family will be essential in any case. Strategies which can be useful include the following:

- Visits by the adoptive family with the child in the group care facility: having dinner in the cottage or dining hall, watching sports events, going on field trips, perhaps going to church, getting a "tour" of the child's room, his treasures, and his "special" places on campus, and generally spending time with the child and with others in the facility. These visits can provide both the family and the child care staff an opportunity to get to know and share with each other and give the child an opportunity to show the family his present living situation. Such visits can also help build the family's respect for and understanding of their child's group care experience.

- Planned structure during the child's visits with the family: adapting the normal family routines for a time, as needed, to provide the child with a gradually decreasing amount of structure and regularity.

- Assessment conferences with both the family and the child following visits, either at home or on the campus, to explore learnings, reactions, problem areas, and adjustments which may be needed in regard to structure.

- Consideration of moving the child into the adoptive home during the school year, so that the familiar structure of school (even though a different school) can aid in the transition. The long, carefree summer months can be difficult for any child, but particularly so for a child who is moving from group care to family life. If a move during the summer is decided upon, some structured activity such as day camp will be important.

An aspect of structure which must be noted has to do with the natural tendency for an adoptive family to want visits to be enjoyable and celebrative. This is a potential factor whatever the placement setting of the child, but it can be particularly problematic when a child comes from group care. Planned structure during the child's visits with the family should not be so busy and full of fun things to do that the family gets worn out and the child gets an unreal picture of family life. A balance is desired, one which allows all to enjoy the excitement of their special time together and which also helps the child experience some of the uniquenesses of family living.

b. Relationships

A child in group care has had an opportunity to establish relationships with a great variety of persons, adults and peers. This is one of the advantages of group care and is often the reason for the selection of group care as the placement setting for the child. Relationships are broad and numerous and, while a few may be very close and important to the child, many others will not be close relationships. A child has choices constantly as to which persons to be with and relate to closely. In families, the choices typically are much more limited.

This is one of the reasons that often the family selected is a large one with other children already in the family. Among other advantages, in a large family the parent-child relationship is often less intense than in a two-parent/one-child situation. Whatever the family composition, the family may need help in giving the child time and permission to move closer in his or her own way and time frame.

c. Behavior

Many group care agencies are characterized by structure and routines in campus life and the setting usually appears comfortable and orderly. These factors are provided intentionally to enhance the children's experience in the group care setting. It is possible, however, for an adoptive family to have an impression that the children will be well-behaved, neat, and well-mannered on or off the campus. This may or may not be the case. A child's behavior may be situational and may be quite different in the family setting, especially as the child relaxes and becomes more comfortable. Work may be needed with the family to be sure that assumptions and expectations about the child are realistic.

7. Timing Considerations

The pre-placement visiting period varies greatly in length, anywhere from a few days for younger children to as much as a month for older children, with a longer period in rare situations where particular circumstances dictate it. Of primary consideration in timing the placement process is the child's sense of time, which is quite different from that of an adult. This factor is the key one in planning the frequency, number, and duration of visits. An additional variable which influences this time frame is the degree and quality of preparation the adoptive family has had prior to the beginning of visiting. The child is likely to be on his best behavior during the first visits, as may the family as well, and this artificial period needs to pass before the actual move occurs. Timing of the move should be based on the needs and readiness of the child and the family, not on the convenience of the caregiving agency.

During this stage, the workers are likely to get a great deal of pressure from the family and the child to proceed with the move. An inexperienced worker may take this as an indication that the adoption is proceeding beautifully and that the time to move is at hand. This tendency to rush into the actual placement can, to a large degree, be forestalled if a clear understanding is given to both the family and the child as to the purpose of pre-placement visits. If the child and the family assume that the visits are merely to "get to know one another," they may assume that this process is completed long before the real benefits of the pre-placement visits can be achieved. If, on the other hand, both the child and the family understand clearly that certain tasks are to be accomplished during these visits, they will be looking for these accomplishments and they, themselves, will be aware when the time for placement arrives.

During this period of time there is a strong likelihood that old problems of the child will resurface, especially those related to previous separations, attachments, and/or rejections. It is important that the family be aware of these problems and the child's need for help in working through them. It is important, too, for the group care staff not to interpret the re-emergence of these old problems as a sign that the child is not able to move toward adoption. The reappearance of old problems is the expectation in adoption, not the exception. Following each visit, the parents need to be able to discuss their observations and awareness of where the child is in the separation and attachment process, as well as in dealing with any of his or her old experiences which may be manifested in overt behavior, withdrawal, or ambivalence about proceeding with the adoption. Child care staff need to recognize that the child often will have ambivalent feelings and reactions to moving and will need support and encouragement from them to follow through with the plan.

In assessing the readiness of a child to make the actual move, the child's school program should not be a top priority consideration except in rare cases. Where it is known ahead of time either that the move should occur during the school semester or that a move during school would be extremely damaging to the child's academic progress, the beginning of the placement process itself should be initiated with that in mind. It is preferable to delay the beginning of the pre-placement process a short time than to have the process proceed and to pass the optimum moving date because it does not coincide with the school schedule.

If the adoption and group care staff are communicating well, they will depend heavily upon each other as they bring together their observations of the family and the child and determine the date for the move. They will be watching for signs of "claiming behaviors," an example of which is a question posed by one child to his child care worker: "Do you think I should take some of my trophies home with me this weekend?"

When the moving day has been determined, at least one more visit should be made to the adoptive home. The child needs to know that this is the last "visit," that he or she will go back to the group care setting one more time and then the move will occur. Unless time is provided for good-byes, the transition may be more difficult than necessary.

C. MOVING DAY

The actual day of moving is often viewed as a day of excitement and joy and, indeed, these elements are involved. Additionally, however, anxiety and fear are common on the part of the child, the family, and the workers. No matter how well prepared everyone is up to this point, the reality is exemplified by this day. The adoptive parents need to be prepared for the child's feelings so as not to feel rejected should his or her reaction not be as positive as they might hope.

It is important that the child receive the support of the child care personnel on this moving day as well as all during the placement process. The child needs to know that the child care staff and other persons with whom he or she has been close will miss him, that it is difficult to see him leave, but that they believe this is a good plan for him, and they believe he will be happy. The child needs to know that he has their permission to make this move. This should be a part of his total preparation for adoption and should also be verbalized to the child on the day of his leaving.

Many times there are farewell parties on the campus. Formalized ceremonies which involve the family, the child, and the social workers are sometimes held, such as the candle ceremony[18]. It is essential that the child participate in the packing of his belongings and that there be an opportunity to say good-bye to friends at school, on the group care campus, at church, etc. Group care workers need to be aware of the impact of the child's leaving on the cottage group and to work with the other children to verbalize their feelings about the separation, as they do with any children being discharged. The placement process can help other children in the cottage group learn about adoption.

D. THE PLACEMENT PROCESS WITH SIBLING GROUPS

In situations where a family group of children is involved, the process outlined above is, naturally, more complex. Where the children are in different placement settings, and/or where the plans for the children are different, the process is even more complicated. More individuals need to be informed and included and the needs of more individuals need to be taken into account. Not only may the several different children have different rates of readiness to move. Several different child care workers may be involved. Foster family parents from the children's original community may be involved. And occasionally some children in the family group will be staying in the group care setting while other children prepare to move into adoption.

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[18] Ibid, page 113-4.

The process described above must be carried out for each individual child as well as for the family group which is being adopted. Any children in the family group who are not moving into the adoptive home need to be fully informed and involved. Their permission to the (often) younger children to move is critical to the success of the adoption.

Many children in group care have brothers and sisters also in care. The following examples from the target group of children in the Group Care/Adoption Project show some of the possible placement process strategies with sibling groups.

> Bob, 17, Mary, 13, and Sam, 12, had been in care together for 6 years. A bright, well-socialized youngster, Bob did not want adoption for himself but did want permanence for Mary and Sam. He had been a father figure for them for some years and knew he would soon be moving on into independence. Bob was so supportive of their adoptive placement that he became actively involved in the preparation of the younger children and in the placement process, despite some problems with the biological family with whom he still had contact. He joined in on some of the pre-placement visits with the new family, participated in the moving day ceremony in the cottage, and continued his visits to the new family after the adoptive placement.
>
> A family of 5 children ranging in age from 10 to 16 was separated in temporary placement: 1 with a relative, 3 together in a group care setting, and 1 in a psychiatric treatment facility. The decision was made, based on thorough work with all 5 children together and individually, to develop a family resource for all 5, allowing the child in treatment to move in to the family group later when (and if) he was ready. The child in the relative's home moved into the adoptive home first, followed some weeks later by the 3 in group care. The fifth child knows where the others are, and the adoptive family knows that he may join the family. When/if this time comes, the placement process will be initiated for this child.

> Tom and Jerry, 11 and 13, brothers in the same group care setting, were very close but had very different needs. Tom was a troubled, vulnerable child; Jerry was outgoing and much loved by the adults around him. A family resource was developed with Tom's needs in mind especially. The group care social worker took on life book work with both boys and found their responsiveness and readiness rates to be quite different. Plans were made for continuing therapy for Tom and his family in the post-placement period, and the boys moved to their new home together and at the same time.

E. POST-PLACEMENT SUPPORT

It is generally accepted that the adoption worker assumes the basic responsibility for the ongoing contact with the adoptive family and child. However, involvement of the group care staff is a possibility. A clear understanding should be established before moving day regarding any responsibility to be assumed by the group care agency. The adoptive family, the child, the group care social worker, and other agency personnel should all understand any continued relationship that will be maintained between the child and the group care agency. Since this is a time for the letting go of the group care agency and attaching to the adoptive family, contact is generally on a very limited level and always in a supportive manner toward the child's permanent placement with the adoptive family.

Whether or not the group care agency is involved in post-placement work, staff who have been close to the child will want to know how he or she is doing in the new family. Information relayed through workers is one good way for this to happen; correspondence between the adoptive parents and the agency is another way. Sometimes plans are made for children to visit the campus with their families during the post-placement period, either for "homecoming" events or for special visits. Occasional correspondence or telephone contact may be maintained by the child with peers or staff on campus. It is essential that any contact by group care staff directly with the child be clearly supportive of the adoptive placement.

In very rare circumstances it may be determined that, for the sake of the child's security, particularly where there have been previous adoption disruptions, a bed will be held at the facility for a period of time. If this is the plan, the child should not know it. In order to facilitate commitment to the placement it is important to assure the child that the agency is behind him and will not leave him stranded, but not to give the child the impression that he can come back at any time. His life is now with his new family.

The adoption worker will familiarize the parents with the legal steps involved in finalizing the adoption. The parents will be granted authority during the post-placement period so they can secure necessary medical services and provide the child with educational resources needed. The minimum length of the post-placement period is set by law in most states, with the possibility of extending the period as needed. The family and child will need to have a clear understanding from the adoption agency as to what the time table is, what legal procedures they will be involved in, and when they can expect the finalization of the adoption. They will also be helped not to live in constant concern that they may not meet the necessary criteria for finalization. Following the legal finalization there is often ongoing involvement by the family with the adoption agency and other resources which can help with family needs as they continue to become an integrated and effective family unit. In many cases the adoptive family will have been in contact with an adoptive parents' group as a part of their preparation process. These groups can be extremely supportive to new adoptive parents during the post-placement period.

F. BARRIERS IN THE PLACEMENT PROCESS AND STRATEGIES TO OVERCOME THEM

Some of the barriers which may occur during this stage among the agencies involved include the following:

- turf-guarding among agencies or workers,
- fear for the child, particularly if this child has faced adoption disruption in the past, which may result in a tendency to overprotect the child,
- geographic distance problems which may result in moving the process too quickly,
- inflexibility in the group care agency's visiting procedures,
- insufficient orientation of the adoptive family to the child care agency, sometimes resulting in the family's desire to rush the placement to "rescue" the child from "institutional" living,
- resistance to separation on the part of adults, both the adoption workers and the group care staff, sometimes resulting in delaying tactics or in unplanned and inappropriate contacts after moving day,
- differences of opinion between the agencies as to the family's and child's readiness,
- unclear role responsibilities,

- insufficient communication among the agencies resulting in lack of clear, shared understandings about progress during pre-placement visits, about problem areas and strategies to deal with them, and about the time schedule for moving.

The two major ingredients necessary to overcome these barriers are:
first, a real commitment on the part of the adoption workers and the group care worker to the adoptive plan, and
second, an open line of communication between these workers.

With these two ingredients, the above barriers generally can be overcome. It is the responsibility of both of the workers involved to see that these ingredients are present. Commitment by the administrative leadership of the group care agencies to the adoption will help the group care social worker support the child care personnel and other agency staff in playing their vital role in the process.

If a problem materializes which is recognized by one of the agencies involved, it must be confronted immediately and talked through to resolution with the other agencies. Festering frustrations, ongoing confusions, attempts by one agency to "stonewall" the process or manipulate another agency, do a tremendous disservice to everyone involved. The child and the family need the combined, coordinated help of all the agencies working together and with them, if the placement process is to be effective.

Here again, as in other stages of adoption, the steps to be followed in problem-resolution are:

1. direct and open communication between and among the adoption and group care social workers,
2. as necessary, the workers' supervisors are involved,
3. as necessary, the agency directors are involved,
4. as necessary, the state office and/or umbrella organizations are involved.

G. SUMMARY OF TASKS: THE PLACEMENT PROCESS

This summary assumes that all children in a family group will be moving toward adoptive placement with the same family at the same time. Adaptations will need to be made, initially and/or during the process, if this is not the case.

1. Full information provided to the family about the child(ren).

2. Decision by the family and family's adoption worker to proceed toward adoption of the child(ren).

3. Information about the family and the decision to proceed

shared with group care staff, including social worker, child care workers, and others close to the child(ren).

4. Detailed, written plan made by adoption and group care agencies for placement process: communication patterns, tasks/roles to be carried by each agency, projected time frame and steps, projected visiting plan, transportation arrangements, problem-solving strategies, etc.

5. First meeting planned.

6. Information about the family shared with the child(ren).

7. First meeting held.

8. Conference with the child(ren) and observation of behavior by caregivers and workers.

9. Conference with the family; plans made for the next meeting/visit.

10. Communication among agencies regarding these conferences; determination of plan for next meeting/visit; revision of the written plan for the placement process as needed.

11. Next meeting/visit held.

12. Steps 8, 9, 10, and 11 repeated a number of times; steps 8 and 9 combined as appropriate.

13. Readiness for moving day determined by agencies; this information shared with all other parties involved.

14. Agreement reached by agencies and family regarding date and plan for moving day and the plan for post-placement involvement of the child and family with the group care agency.

15. Information to and acceptance by all group care staff involved with the child(ren) as to the moving day and post-placement involvement plans.

16. Plan for moving day and post-placement period discussed with child(ren) and adapted as needed.

17. Last "visit" by the child(ren) to the new family.

18. Last return by the child(ren) to group care for packing, goodbyes, celebrations.

19. Child(ren)'s move home.

20. Post-placement support to the family.

CHAPTER VIII.

CONCLUSION

A. PLANNING FOR CHILDREN IN GROUP CARE WHO HAVE SOME ADOPTIVE EXPERIENCE IN THEIR BACKGROUND

This is an area in which considerable further work is needed before clear guidelines can be provided to group care and adoption agencies. Information about the characteristics of these children and the incidence of this phenomenon is badly needed. Group care agencies are sensing a trend toward increased admission of children in group care with some adoptive experience in their history, but data are not available to help build understanding of this situation.

Some of these children may have been placed for adoption as infants, others as older children. Some may have been legally adopted, others placed for adoption but not legally finalized, still others only in the pre-placement visiting period. Some may be placed in group care by their adoptive families for assistance in resolving behavioral or relationship problems, while in other situations the family relationship may clearly have ended. Some may have been independent adoptive placements, while others may have had skilled specialized adoption services provided. Some children whose adoptive family relationship has ended may be placed in group care in preparation for a second adoption, others may be in permanent group care placement, and for others the plan may be quite unclear. (Note that only those adoptive parent/child relationships which have ended permanently in the time period between the child's placement in the home and legal finalization would be called "disruptions" by the narrower definition of the term as described on page 16 above.)

Until further research is done, all that is known is that there seems to be an increase in the number of children in group care who have adoptive experience of some sort in their background. The question of what role the group care agency should prepare to play in relation to the planning and caring needs of the total group of these children cannot yet be answered.

Prior to this further work, however, children's needs can be assessed and served on an individual basis, just as is done for all children, regardless of the adoptive experience in the child's history. If adoption was once determined to be the appropriate option for a child, there is every reason to believe that it still is the appropriate option. Family clarification with the adoptive family may be needed, which may result in the child's return home. Or the child may need to be cleared for adoption again so that planning toward another adoptive placement can proceed. The work with the child will, of course, take into account his or her whole history, including the adoptive experience, the meaning of the experience to the child and its effect on the child emotionally. Important learnings can be gained by both the child and the worker which can help make another adoptive placement successful. Placement success rates are even higher in second adoptions than in first ones in many specialized adoption agencies.

Services to children who have some aspect of adoption in their background need not be markedly different than services provided to any other children in group care. These children may have experienced multiple disappointments and separations - so have many other children in group care. These children have the same need for and right to permanency as do all other children. The fact of adoption in a child's history, however, sometimes leads both group care and adoption agencies into several possible pitfalls. One is the pitfall of overprotection of the child. Another is the pitfall of unwarranted agency or worker discouragement about the child's "adoptability." And the third pitfall is the same lack of goal-directed planning, inter-agency clarity, and commitment to permanency which affects too many children in the foster care system. Any agency which is involved with a child has the responsibility to assure that the best possible planning is done, planning which takes into account the particular circumstances in the child's situation but which does not use these circumstances as barriers or deterrents to the achievement of permanency for the child.

B. RECOMMENDATIONS FOR INITIATING GROUP CARE/ADOPTION COLLABORATION

The following recommendations, based on the Group Care/Adoption Project experience in North Carolina and South Carolina, are focused on the development of inter-agency efforts on a state or sub-state level involving the adoption and group care service systems.

1. Groups of Agencies. It is recommended that a process be set up through which a variety of direct-service group care and adoption agencies, voluntarily working together, demonstrate to other agencies in the state or region the value and methods of inter-agency group care/adoption collaboration. Not only will mutual learning occur among the agencies directly involved, but also there can be modeling for and influence of other agencies less ready to join in the process initially.

2. Outside Catalyst. It is recommended that the group care/adoption collaborative efort be spearheaded by an organization with an identity either a) as both group care and adoption, or b) as neither group care nor adoption. The work involved in facilitating communication, mutual learning, the development of trust, and shared planning is enhanced if the facilitator is not identified with only one side of the dialogue. Another option is for co-facilitation by two leaders, one from each agency network.

3. Climate of Joint Work. It is recommended that a focus of the facilitative work be to create and maintain a climate characterized by equality, respect, non-defensiveness, openness, and support for growth and change. Assistance to the agencies involved to enable them to recognize their commonalities and their inter-dependence, and to support other agencies' efforts to improve services, requires attention to inter-agency process issues as well as to the task goals related to adoption of children in group care.

4. Time. It is recommended that sufficient time be provided early in the inter-agency work for the climate described above to develop. Several meetings may be needed before the agencies involved become ready to make joint decisions, such as determination of the activities which they will undertake together.

5. Definition of Children in Need of Adoption. It is recommended that facilitators expect there to be perhaps major differences of opinion among the agencies involved in regard to which children are in need of adoption. In some instances the broadest definitions of children in need of adoption may come from adoption agencies; in other instances from group care agencies. Complete resolution of these differences of opinion need not be a goal of such a project. Rather, it can be expected that as confidence and experience grow in the provision of adoption for specific children, starting with "easy" children, agencies' perception of the types of children in group care for whom adoption is a feasible option for permanency will expand.

6. Training. It is recommended that such an inter-agency collaborative effort make specific provision for formal and informal training events, which may be planned by the agencies involved or by the organization which provides leadership to the effort. These can include:

a) Organization of inter-agency meeting agenda to include formal opportunities for the participants to learn from each other about such matters as the legal aspects of adoption in the particular state, the variety among group care agency programming strategies, etc.

b) Planned training sessions to involve both group care and adoption personnel around matters of mutual concern, with leadership from outside resource persons. A broader group of agencies than is involved in the inter-agency effort itself may be included in such sessions.

c) Intra-agency training opportunities, such as training for child care workers in an agency about special needs adoption philosophy and practice and training for adoption workers about the strengths and resources in group care.

7. Focus on Specific Children. It is recommended that inter-agency collaborative work focus on adoptive planning for specific, real children. Through joint work by individual agencies in their case-by-case planning as well as by groups of agencies around general issues, successes, and problems which grow out of case-specific planning, learnings can be more valuable than if all discussions are theoretical. In the Group Care/Adoption Project in North and South Carolina, it was found that generalized statements of inter-agency work (such as - call up the other agency and ask, if you are uncertain about what is happening) need a great deal of reinforcement in one case situation after another, before they become habit.

The Group Care/Adoption Project is hopeful that inter-agency efforts will be developed in states across the country to facilitate adoption services for children in group care who need new permanent families. These guidelines are a good beginning but surely can be improved upon by other persons working collaboratively to bridge the gaps in understanding and practice which keep children "in limbo." The Group Child Care Consultant Services stands ready to encourage and assist others in this effort.

APPENDICES

APPENDIX A

REPORT OF THE AD HOC DSS/NCCCA COMMITTEE, MAY 1979

from the
Report of the Annual Program Meeting
North Carolina Child Care Association,
May 8-9, 1979

2. PARTNERS IN CHILDREN'S SERVICES

EARLE FRAZIER
Co-chairman, Ad Hoc DSS/NCCCA Committee

The degree of cooperation necessary between agencies to provide effective services to children and families is dependent on a trust relationship. Trust and cooperation represent another "chicken and egg" puzzle which may be partially solved by establishing an agreed on beginning point in working together. This paper is the cumulative effort over a period of nine months by four child care professionals from child caring institutions (CCI) and four child placing professionals from departments of social services (DSS) to begin to develop a beginning point.

DSS as the main child placing agency and CCI as major placement resources in North Carolina must work together in harmony if children and families are to be served effectively. Harmony demands a common language for clear communication. Cooperation can be enhanced by a clear contract specifying how a particular DSS and CCI will work together on general issues so these issues will not have to be negotiated on a case by case basis. Cooperation can be further enhanced by the development of a placement agreement specifying how the two agencies will work together to meet the needs of specific children and families. And cooperation can be even further enhanced by an on going process of evaluation and replanning which keeps all parties informed and properly involved in effecting both short range and long range plans.

I. NEED FOR COMMON LANGUAGE

Recommendations
1. *That DSS and CCI use the following conceptualization as its common language.*
2. *That each CCI locate its services in relation to this conceptualization.*

To avoid "apples and oranges" discussions and the resulting confusion, a common concept of helping and a common language is needed. One such conceptualization (from among many equally valid ones) is based on four interrelated dynamics:

1. Each youngster's need for controls, guidance and nurture
2. A youngster's ability to relate to adults
3. A youngster's need for special services
4. An agency's design for responding to specific needs

A youngster whose experience with parents and/or other adults has resulted in the development of basic trust and caring in these relationships can usually accept normal nurture, guidance and control from a relationship with a substitute parent figure. This is the traditional neglected and dependent child now seen as being most appropriately cared for in a foster family home. The younger child is more likely to fit this description whereas the older child is less likely to fit this category.

A youngster whose experience with parents and/or other adults has resulted in basic trust and caring not developing - or being destroyed - usually cannot accept nurture, guidance and control from a personal relationship with a substitute parent figure. He cannot risk the trusting and caring necessary to the development of a personal relationship. Hence, the needed control, guidance and nurture must be offered from a less

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personalized setting where relationships are available but are diluted and not mandatory. This is the youngster currently seen as needing group care and the degree of alienation determines the type of group care needed; older child - particularly the teenager - is more likely to need group care in one form or another (or in one form and then another).

Institutions have more potential for flexibility than the other forms of care and can, therefore, do a fairly creditable job over a larger span of needs than can other types of care. However, it is important to recognize that one program cannot address all needs and, hence, programs need to be consciously designed for specific needs. For example: the institution cannot duplicate the nurturing atmosphere of a good foster family but can improve its ability to provide normal nurture by giving careful consideration to encouraging a "cottage and community focus" by such factors as:

1. Serving all meals in the cottage
2. Providing recreation in the community - not on campus
3. Developing cottage and community work programs
4. Keeping campus-wide rules at a minimum
5. Providing enrichment activities on as individual a basis as possible
6. Making cottage staff the central people in each child's experience
7. Keeping the cottage group as autonomous as possible

In contrast, the agency serving more appropriate "institutional children" needs to maintain a "campus focus" by considering such things as:

1. Serving certain meals in a central dining hall
2. Providing campus work groups
3. Providing campus recreation
4. Providing a variety of group activities with adult(s) leaders
5. Providing enrichment and/or therapeutic activities
6. Providing a range of special services
7. Using the above (and other) activities to fill most time with routine

In essence, such a program would offer security and control through predictable routines. It would offer a variety of groups and adults; available adults to whom each youngster may relate but always a group to which he can withdraw when relating becomes too frightening. The goal of this structured living is for youngsters to learn (or relearn) to trust and participate in caring relationships with adults so as to be able to accept nurture, guidance and control in a more normal fashion.

II. NEED FOR SERVICES

Recommendations

1. *That adequate linkages between services be developed to assure the easy movement of children from one service to another as needed*
2. *That CCI recognize - and where possible respond to - the need for emergency care*
3. *That CCI recognize - and where possible respond to - the need for specialized care for older and more troubled youngsters*

A most pressing need in North Carolina is for a network of emergency placement facilities readily available to each county. Small group homes and/or small institutions are needed to supplement and complement the existing emergency foster family homes.

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An increasing need is for institutions with more specialized programs and staff to address the needs of older and more troubled youngsters Such facilities would operate as open institutions but with a high degree of structure and impersonal controls.

Another need for essentially the same client group grows out of the near-total disintegration of many families. Some programs need to be developed aimed at preparing these children for independence rather than for returning home. Such programs would operate as much to the left of the chart as possible and would attempt to maximize part-time family relationships.

Finally, a trend to be reckoned with is the increasing number of minority group children coming into care. Where these children fit on the chart would be determined individually by the degree of disturbance.

III. NEED FOR COMMUNICATION

Recommendations

1. *That each CCI and each DSS develop a basic contract to guide their overall working together with all clients (See sample)*
2. *That each DSS and each CCI keep each other informed about what service it is requesting and what service it can provide.*
3. *That DSS and CCI assign one worker to each agency with which it works.*

The development of a mutually agreed on contract between each DSS and CCI has proven most helpful in avoiding confusion and frustration over such things as rate of pay, clothing allowances, frequency of conferences, frequency and nature of reports, length of admission and discharge process, etc. Such a contract, not to be confused with a placement agreement or a plan of care, should spell out each agency's responsibilities and would apply to all children referred during the contract period.

In limited trials, communication and cooperation has been greatly enhanced by DSS assigning one worker to all children placed in a particular CCI and vice-versa. While not always practical, this policy is worth consideration in that workers and agencies get to know each other better.

Finally, communication and cooperation would be greatly enhanced by each CCI clearly defining the children it is prepared to serve and ways it attempts to do so. Conversely, DSS needs to be more specific about why it requests services from a particular agency for a specific child. Worker from neither agency can understand the other apart from these clarifications.

IV. NEED FOR PLANNING AND WORKING WITH FAMILIES

Recommendations

1. *That DSS develop and share its overall plan for each child relating to custody*
2. *That DSS and CCI develop a written placement agreement prior to admission*
3. *That each agreement be reviewed at least semi-annually*

Basic to developing the agreement for serving a particular family is a thorough articulation by DSS of its long range goals with and for the family. The importance of correlating these two plans is best illustrated by the confusion and frustration when DSS sees a family as being so

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disintegrated that the child's return home is an unrealistic goal while the CCI acts on its fervent commitment to rehabilitate families.

Another confusion factor is the lack of distinction between the responsibilities of each agency for the total pre-placement planning and casework services after admission. It is obvious that a clear understanding of roles between DSS workers and CCI workers is essential to avoid duplication of efforts and confusion in planning and working with families.

Once a child is accepted for admission a number of mutual agreements should be developed by all persons concerned and put into writing as the basis for the working relationships (Plan of care).

A review of this placement agreement and the performance of each party at least every six months with proper prior preparation between DSS, CCI, child and family should serve to keep all parties up-to-date and provide the basis for extending, altering, or terminating the agreement.

CHILDREN ARE

Normal	**Neglected-Dependent**	**Status Offenders**	**Emotionally Disturbed** **Juvenile Delinquents**

CHILDREN NEED

Normal Nurture	**Substitute Nurture**	**Less Personal Nurture** **Some Group Control** **Some Special Services**	**Fewer Relationship Demands** **Control Through Routines** **Control Through Group** **Variety of Special Services**	**Maximum Security** **Individual Therapy** **Group Therapy** **Special Services**

WHICH SERVICES?

FAMILIES	**OPEN INSTITUTIONS**		**CLOSED INSTITUTIONS**	
Natural, Foster, Adoptive	**Small Group Homes**	**Children's Homes**	**Treatment Centers**	**Training Schools** **Hospitals**

NOTE: *We recognize that for each service we could develop a continuum overlapping other services, particularly for the children with special needs.*

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GUIDE FOR DEVELOPING A BASIC WORKING AGREEMENT

The following agreement regarding financial and planning responsibility is agreed to and will apply to all children in custody of_____________ County and placed in the care of_______________________________

FINANCIAL AGREEMENT

1. Monthly purchase-of-care payment_______________________________
2. Other financial resources_______________________________
3. Medical expenses not covered by medicaid_______________________
4. Clothing_______________________________
5. Special school fees_______________________________
6. Transportation expenses for weekend and holiday visits_____________
____

PLANNING

1. A written plan of care will be developed for each child admitted to the institution.
2. DSS will sign Publication Release Form - [] yes [] no [] on individual basis
3. The DSS, as legal custodian, will have contact with the child and staff at least_______________________________
4. Responsibility for planning weekend and holiday visits [] DSS [] CCI [] negotiated on individual basis
5. Application to CCI is considered complete when____________________
6. Supporting documents to application always include
   ____________________ ____________________
   ____________________ ____________________
7. The CCI will give a decision to DSS regarding acceptance within _____ days after completed application and supporting documents are received.
8. The CCI will give DSS _____ days notice before discharging a child.
9. Procedure for handling emergency admissions and discharge is________
____
10. The purpose and procedure for pre-placement is____________________
____
11. Each agency will keep the other informed of significant changes as related to the child and his family during the period of care. This agreement may be re-negotiated upon request by either agency.

_____________________ _____________________ ______

DSS COUNTY DIRECTOR CCI ADMINISTRATOR DATE

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APPENDIX B

SPECIALIZED ADOPTION AGENCY RESOURCES

State Public Agencies

North Carolina

Ms. Robin Peacock, Supervisor
of Adoption Services
Division of Social Services
N.C. Department of Human Resources
325 N. Salisbury Street
Raleigh, NC 27611
Tel.: (919) 733-3801

South Carolina

Mr. Frank Lewis, Director
The Children's Bureau of S.C.
1001 Harden St., Suite 225
Columbia, SC 29205
Tel.: (803) 758-2702

Ms. Diane Thompson, Project
Administrator, Adoption Program
S.C. Department of Social Services
P.O. Box 1520
Columbia, SC 29202
Tel.: (803) 758-8740

County Public Agencies

In both North and South Carolina, county Departments of Social Services provide services related to adoption.

State-Wide Private Agencies

North Carolina

Ms. Ruth McCracken
Executive Director
The Children's Home Society of N.C.
P.O. Box 6587
Greensboro, NC 27405
Tel.: (919) 274-1538

South Carolina

Ms. Carolyn Wolff
Director
Children Unlimited, Inc.
P.O. Box 11463
Columbia, SC 29211
Tel.: (803) 799-8311

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National Agency Resources

The agencies listed by state below provide adoption services for children with special needs.

Colorado - Ms. Diane Carabello, Director
Family Builders by Adoption
5800 Cody Court
Arvada, CO 80004 Tel: (303) 425-1667

Florida - Ms. June Fountain, Project Director
Project CAN
Family Counseling Center
2960 Roosevelt Boulevard
Clearwater, FL 33520 Tel.: (813) 531-0481

Illinois - Ms. Sharon Moynihan, Director
Lutheran Child and Family Services
P.O. Box 186
River Forest, IL 60305 Tel: (312) 771-7180

Kansas - Mr. Don Pearson
Director of Professional Services
Spaulding Midwest
1855 N. Hillside
Wichita, KA 67214 Tel.: 686-6645

Massachusetts - Mr. Robert Lewis, Director
Project IMPACT
25 West Street
Boston, MA 02111 Tel.: (617) 451-1472

Michigan - Ms. Judy McKenzie, Executive Director
Spaulding for Children
P.O. Box 337
Chelsea, MI 48118 Tel.: (313) 475-8693

New Jersey - Mr. John Boyce, Executive Director
Spaulding for Children
36 Prospect Street
Westfield, NJ 07090 Tel.: (201) 233-2282

New York - Ms. Kathryn S. Donley, Executive Director
New York Spaulding for Children
22 West 27th Street
New York, NY 10001 Tel.: (212) 696-9560

Ohio - Mr. John Cowles, Director
Spaulding for Children - Beech Brook
3737 Lander Road
Cleveland, OH 44124 Tel.: (216) 464-4445

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National Agency Resources, Continued

Pennsylvania - Ms. Barbara Tremitiere,
Director of Adoption Services
Tressler Lutheran Association
25 W. Springettsburg
York, PA 17402 Tel: (717) 845-2384

Texas - Ms. Kitty Clements, Project Director
Spaulding - Southwest
4219 Richmond, Suite 100
Houston, TX 77027 Tel.: 713) 850-9707

Washington, DC - Ms. Helen Marek, Executive Director
Peirce-Warwick Adoption Service
5229 Connecticut Avenue, N.W.
Washington, DC 20015 Tel: (202) 966-2531

Washington State - Ms. Betty Higley, Director
The Adoption of Special Children (TASC)
Medina Children's Service
P.O. Box 22638
Seattle, WA 98122 Tel.: (206) 324-9470

APPENDIX C

TERMINATION OF PARENTAL RIGHTS PROCESSES

1. North Carolina

A. Involuntary Termination of Parental Rights, North Carolina General Statutes, Article 24B, G.S. 7A-289.32

1) Grounds

The court may terminate the parental rights upon a finding of one or more of the following:

1. The parent has abused or neglected the child. The child shall be deemed to be abused or neglected if the court finds the child to be an abused child within the meaning of G.S. 110-117 (1) (a), (b), or (c), or a neglected child within the meaning of G.S. 7 A-1 7A (4).

2. The parent has willfully left the child in foster care for more than two consecutive years without showing to the satisfaction of the court that substantial progress has been made within two years in correcting those conditions which led to the removal of the child for neglect, or without showing positive response within two years to the diligent efforts of a county department of social services, a child caring institution, or licensed child-placing agency, to encourage the parent to strengthen the parental relationship to the child, or to make and follow through with constructive planning for the future of the child.

3. The child has been placed in the custody of the Department of Social Services, a child-placing agency, or a child caring institution, and the parent, for a continuous period of six months next preceding the filing of the petition, has failed to pay a reasonable portion of the cost of care for the child.

4. The father of the child born out of wedlock has not, prior to filing of a petition to terminate his parental rights:
   a. established paternity, judicially or by affidavit, or
   b. legitimated the child pursuant to provisions of G.S. 49-10, or filed a petition for this specific purpose, or
   c. established the child by marriage to the mother of the child, or
   d. provided substantial financial support or consistent care with respect to the child and mother.

5. The parent is incapable as a result of mental retardation, mental illness, organic brain syndrome, or any other degenerative mental condition, of providing for the proper care and

supervision of the child, such that the child is a dependent child within the meaning of G.S. 7A-517 (13), and there is a reasonable probability that such incapability will continue throughout the minority of the child.

2) Case Recording for Grounds No. 2

If agency efforts cannot be well documented, these grounds should not be used. The burden of proof is on the county department of social services which has custody of the child, no matter where the parent resides, to prove diligent effort. Good working relationships between county departments, when the parent resides elsewhere in the state, are essential.

Examples of needed documentation are as follows:

1. Confirmation in writing of the agency expectations of the parents and areas that need attention. "Parent-Agency Agreements" signed by the parties involved help to clarify, through written steps or goals, the agency's expectations in a "contractual" way. These agreements are not legal contracts. Nevertheless, they serve a two-fold purpose. Primarily, the parents have in hand a written list of goals to accomplish. In addition, documentation subsequent to the signing of the agreement helps to establish more securely the success or failure of the parents' ability to do what is minimally required of them to regain custody of the child.

2. Confirmation in writing to the client of any missed appointments with the worker, missed visits with the child, or missed appointments with other agencies to which the client was referred.

3. Extent of support to the client in using appropriate community agencies.

4. If letters are unanswered, copy of a letter sent by certified mail, with return receipt, outlining agency expectations such as visits with the child, support, conferences with the worker, staying in touch with the agency, and use of service resources such as mental health, employment, marital counseling, alcohol or drug abuse counseling, and request that the parent call for an appointment to discuss permanent planning for the child in foster care.

3) Appeal of Involuntary Termination of Parental Rights

A ten-day period is provided for the parent to give notice of intent to appeal the court action.

B. Voluntary Surrender of Parental Rights

In North Carolina provision is made in Chapter 48 of the General

Statutes of North Carolina for the voluntary surrender of parental rights, without judicial action. G.S. 48.9 allows county departments of social services or licensed child placing agencies to accept voluntary surrender of parental rights. The advantage is that biological parents can participate in a voluntary way in planning for permanence for their child. A secondary advantage is that the children involved can be legally cleared for adoption more quickly than through court adjudicated termination of parental rights.

The acceptance of the voluntary surrender by the child placing agency is not subject to ratification by the Court and is considered legally binding after a 30 day revocation period.

As a part of the state's adoption statute, a county department of social services or licensed child placing agency has the right to consent to the adoption of a child if the agency holds signed surrender forms from the parents.

APPENDIX C

TERMINATION OF PARENTAL RIGHTS PROCESSES

2. South Carolina

A. Involuntary Termination of Parental Rights

The Code of Laws of South Carolina, 1976, as amended, Section 20-7-1560 through 20-7-1610, establishes the conditions under which parental rights may be judicially terminated. The statute states specifically that parental rights may be terminated reasonably and compassionately "where children are severely abused or abandoned in order to protect the health and welfare of such children and make them eligible for adoption. . . "

The statute defines an abandoned child as:

1. A child whose parents have willfully failed to visit or have willfully failed to support or make payments toward his support for six consecutive months immediately preceding institution of an action or proceeding to declare the child to be an abandoned child;

2. A child who has been found to be dependent or neglected by the Court and has been removed from the home of the parents; placed in the custody of the Children's Bureau of South Carolina or the South Carolina Department of Social Services or a licensed child placing agency; and whose parents have been given a period of six months to establish, with the consistent help of the agency, a suitable home for the child. If after this period the Court finds that the parents have made no effort, shown no concern, and failed to achieve a degree of personal rehabilitation that would indicate that they would at some future date provide a suitable home for the child, it may declare the child abandoned and terminate the rights of the parents.

3. If the Court determines that the parent(s) is mentally ill or mentally retarded to the extent that he or she can never function as a parent, the child is declared abandoned and the rights of the parents may be terminated.

4. A child is also abandoned if the presumptive legal parent is determined by the Court not to be the natural parent and the welfare of the child can best be served by termination of his rights.

The statute defines an abused child as a child found by the Court to be severely battered or otherwise physically abused and the pattern of the abuse indicates that the safety of the child would be seriously endangered unless the parental rights are terminated.

Another significant aspect of the statute is that the natural parents may petition the Court for restoration of parental rights after six months have elapsed if the placing agency has not placed the child in adoption.

The language of the statute in South Carolina makes simple abandonment the clearest and least complicated grounds for termination. It also seems to eliminate emotional abuse as grounds for termination. It has in it a very positive approach to rehabilitation of the natural family but seems to emphasize the provision of a suitable home rather than the provision of suitable parenting.

The importance of documenting the attempts to involve and "rehabilitate" the natural family cannot be stressed too much. For the adoption agency caseworker or group care caseworker, such documentation of attempts to have the parents visit the child, support the child, or participate in remedial intervention efforts is of primary importance to accomplishing permanency for the child.

B. Voluntary Surrender of Parental Rights

Any licensed child placing agency in South Carolina, public or private, is legally able to accept a voluntary surrender of parental rights. This procedure allows for the voluntary participation of the natural parents in the planning for permanency for their child. The application of this process is not done lightly. The same facts and attempts at reunion or rehabilitation must be documented before the surrender is allowed. The advantage is that the biological parents can be involved in making voluntary, non-directed decisions that involve them so intensely. A secondary advantage is that the children involved can be legally cleared for adoption more quickly.

Section 20-7-1860 of the state's termination of parental rights statutes specifically allows the Children's Bureau of South Carolina to accept voluntary surrender of parental rights with the right to consent in loco parentis to adoption. The acceptance of the voluntary surrender by the Children's Bureau is not subject to ratification by the Court and is considered legally final at the time it is signed. There is no provision for revocation of the surrender in the statute. However, by agency policy, the parent may have his or her rights to the child returned if an alternative plan for permanence for the child is accepted by the agency, and the agency may revoke the surrender if placement of the child in adoption is for some reason not possible.

As a part of the state's adoption statute (not the termination of parental rights statutes), any licensed child placing agency has the right to consent to the adoption of a child if the agency holds signed surrender forms from the parents. This judicial process of voluntary relinquishment with a signed consent for adoption can be employed by any adoption agency in South Carolina. The only difference is that such consents are not considered final until an interlocutory or final decree of adoption is issued by the Court.

APPENDIX D

CASE DOCUMENTATION

Adapted from Task Force Meeting Summary, North Carolina, 10/20/81*

A basic principle of documentation for case planning, whether for termination of parental rights or not, is that it must be goal oriented. For this to be possible, there must be close communication and collaboration between the group care agency and the placing agency. The group care agency needs to be clear about: a) the problems the family is experiencing; b) the placing agency's goals regarding the family; c) the activities the family is involved in in working toward the goal; and d) the plan for permanency for the child.

This sharing of information can occur through the following means:

- Group care agency staff asking to participate in the placing agency's review team meetings and court reviews.
- The group care agency inviting the placing agency staff to come to the caring agency's staffings.
- Encouragement, persuasion, and insistence by the group care agency on the placing agency visiting the campus at least quarterly. (This is state policy in both North and South Carolina, but many counties consider that their meetings with the child during his or her trips home meet the policy expectations, which is not the case.)
- Both agencies being sure there is a written agreement at intake which clarifies roles of the two agencies, sets out the visitation plan, etc.
- The group care staff asking for information or for a meeting, and persisting, anytime there seems to be a problem with information flow or a lack of clarity or disagreement about the plan for the child.
- The group care agency taking responsibility and initiative to establish open communication and collaboration.

Documentation regarding termination of parental rights needs to begin long before there is any thought of clearing the child for adoption, if at all possible. Permanency planning work with parents needs to be based on a genuine effort to rehabilitate the family situation and/or the parent-child relationship so that the child can return home. Documentation is made of this genuine effort. If this work proves unsuccessful, the documentation will show what has been done and what the results have been, and this may then be used, if need be, as documentation for the termination of parental rights. Therefore, this kind of documentation needs to be done on all children in temporary placement in group care, from the time they enter care. If necessary, documentation may have to be begun some time after admission, and may still be helpful if court action is necessary. It is never too late to begin, but it is much better to begin at the beginning.

The two hallmarks of good documentation are:

1. It is objective. It is a clear, concise statement of facts and observations. If opinions, assumptions, or conclusions are included, these are separated from the factual information under a heading which indicates they are opinions.

2. It is goal-oriented. It is focused on activities or events which are purposeful and planned to reach a specific goal or solve a specific problem related to the permanent plan for the child. It is not focused on recording the child's adjustment to the group care setting per se, except as this adjustment may have been determined to be important to the permanency planning process. It records both what happens and what does not happen (especially where there was an agreement about something and then the plan was not followed through).

For instance, visitation is an activity which should have a defined purpose related to the permanency goal for the child. Visitation should never been used as either reward or punishment for the child or parent nor should it be used automatically by the group care agency for purposes of staff relief.

Some of the purposes which may be served by visitation are:
- to re-establish or strengthen the parent-child relationship.
- to support and strengthen the parent's ability to be constructive and dependable in setting up and maintaining a degree of responsibility for the child.
- to observe the parent's manner of relating to the child, and to observe changes in this over time.
- to observe the child's reactions to being with the parent and how these reactions change over time.
- to increase the parent's knowledge about and understanding of the child.
- to increase the parent's ability to provide care for the child, in general and/or in relation to specific kinds of behavior.

Observation and documentation regarding visitation should cover events and behavior before the visit and after the visit, as well as reports on events and behavior during the visit itself. The child's behavior, and the child's statements about feelings, should be noted as well as the child's report afterwards of problems, feelings, and activities while at home. Special note should be made in cases where the parents pick up and return the child themselves, to identify whether they were on time, late, did not show up at all, and their behavior and feelings before and after the visits as well as their reports on the visit itself.

If visits are not accomplishing the purpose for which they are designed in a particular case, and/or if problems arise, the visiting plan should be modified to become less frequent, more frequent, shorter or longer in duration, or more or less structured. The group care agency should request a conference with the placing agency to negotiate a change in the visiting plan whenever this appears to be needed.

Some of the areas of parental behavior to note particularly are:
- the parent's ability to
    - take the child's feelings into account,
    - adapt his or her own behavior to meet the needs of the child, to be flexible in regard to the child,
    - control his or her own impulsiveness,
    - ask for and use help from appropriate resources,
- the parent's expression of
    - concern about his or her relationship with the child,
    - interest in learning more about the child,
    - feelings about the child being in care, about the placing agency, and about the group care agency,
- the relationship between the parent and the extended family in regard to the child, whether the extended family is supportive, indifferent, disruptive, etc., and how the parent deals with this.

An important general question to keep in mind at all times is: if this child were to return home tomorrow, what would we be concerned about?

Some group care agencies have devised ways to document every contact with a child and parent. Others do not routinely document visits but record the child's adjustment, the services provided to the child in the group care setting, and plans. Recording which is focused on goals and the activities planned to reach the goals will reduce the over-all documentation task and make the records much more useful for planning, evaluation, and decision-making. A way needs to be found for every person involved with a child in the group care setting to be involved in documentation.** Staffings on children should be recorded, including who observed what about the child. Where possible, the placing agency should let the group care agency know what specific areas they need to have documented in regard to each specific case.

Grounds No. 2 of the Termination of Parental Rights statute in North Carolina (see G.S. 7A-289.32) states:

> "The parent has willfully left the child in foster care for more than two consecutive years without showing to the satisfaction of the court that substantial progress has been made within two years in correcting those conditions which led to the removal of the child for neglect, or without showing positive response within two years to the diligent efforts of a county department of social services, a child-caring institution or licensed child-placing agency to encourage the parent to strengthen the parental relationship to the child or to make and follow through with constructive planning for the future of the child."

Where this grounds is being used, it is essential that records (from the placing agency and the group care agency) show:

- the services offered and/or provided to the family,
- the agencies' persistence in efforts to engage the family in working on the problems causing the placement and preventing the child from returning home,
- indicators of the child's reactions to and feelings about the family,
- indicators of the child's need for permanence in a family, and
- the family's progress.

Records should not be biased: the court decides whether "substantial progress" has been made. Progress which has been made should be shown, as well as the gap between that progress and the level of achievement necessary to return the child home.

---

* Guest Resource Person, Rebecca Heartz, Permanency Planning Supervisor, N.C. Division of Social Services

** See The Basic Course for Residential Child Care Workers, Manual I, "The Child Care Worker: Developmental Planning," student and instructor's manuals, for sample learning tools for child care workers and others regarding case recording.

APPENDIX E

My life Story book

by Chris

This life book is presented as an example, not as a model.
All identifying information in the life book has been changed.

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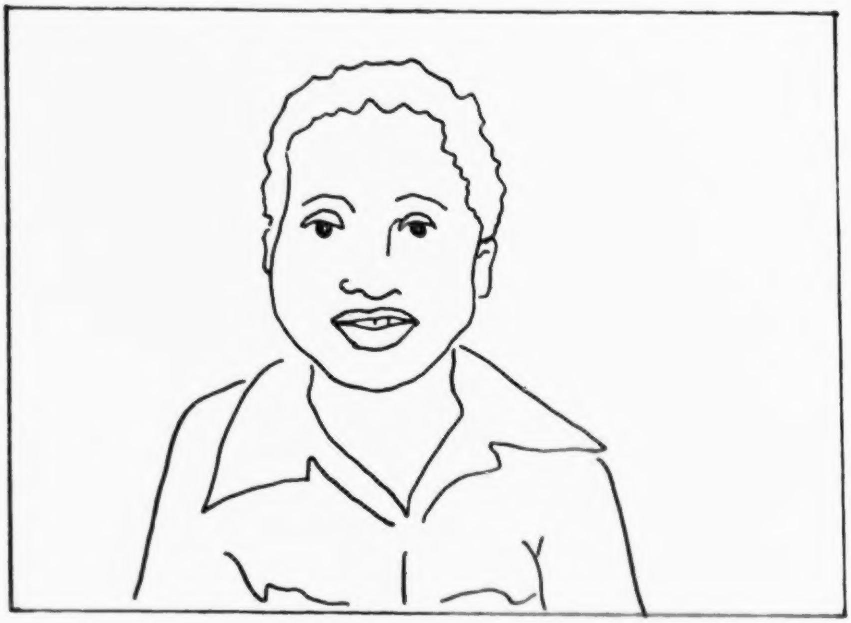
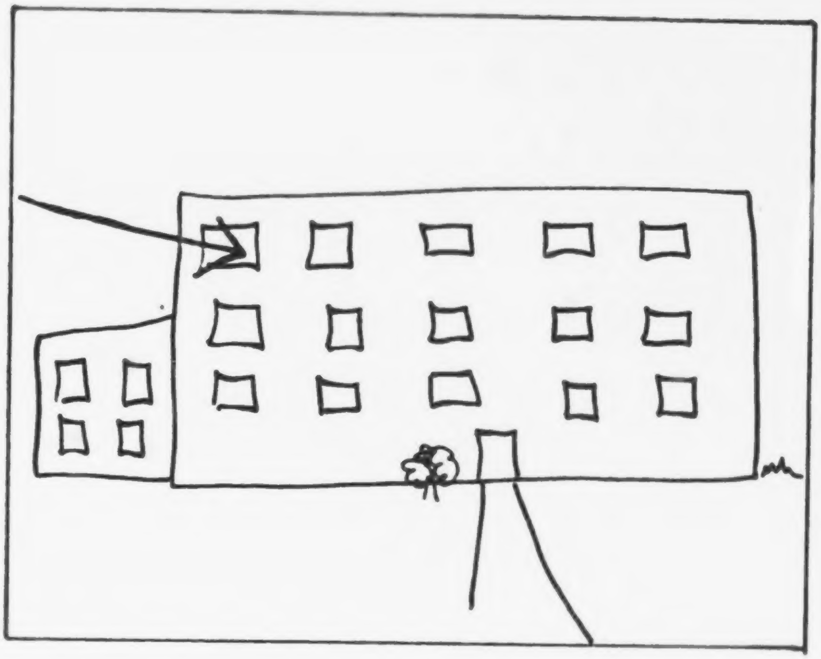


Me



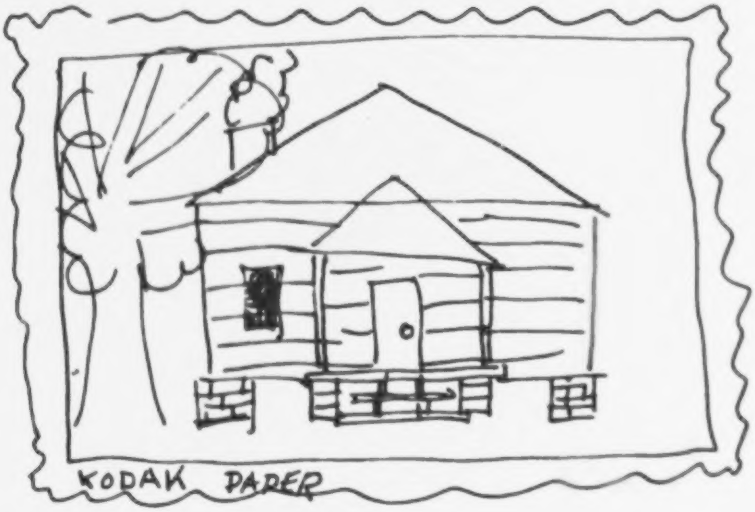
The hospital where
I was born.

I was born on March 3, 1968 at 4:32 p.m at Community Hospital in Raleigh, North Carolina.

I weighed 8 pounds and 2 more ounces. I went home on March 7th. My mother's name was Clara. She was married to Bobby Thomas, but my real daddy was Ronald Brown.

When I was almost 2 years old my sister Alicia was born. Her birthday was February, 23, 1970. I also have a little brother but i don't know much about him. He was born on July 19, 1973. His name is Bobby.

This is a picture of how I remember my first house.

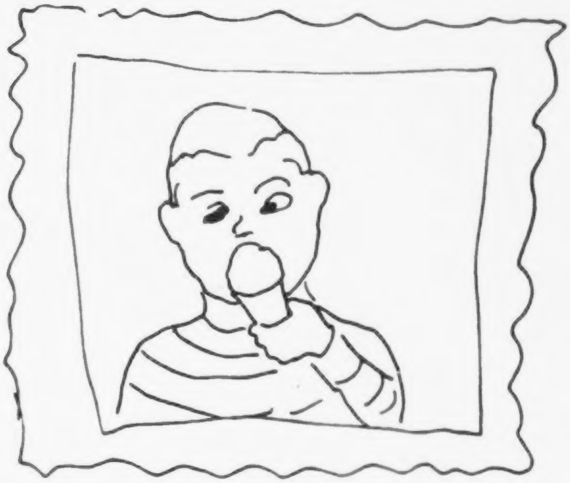


I remember our family had an old car and one of the windows was missing. I remember playing under the house with toy cars we made out of wood.

My mom had some problems and she had a hard time taking care of us kids. She was Sick alot. We didn't have much money and couldn't get a t.v. set. She had trouble making rules for me and helping me know how to Follow rules. She didn't send me to school, and the law says parents should send children to school. So there was a Court judge who said I should go live at the Children's Center on July 1, 1974.

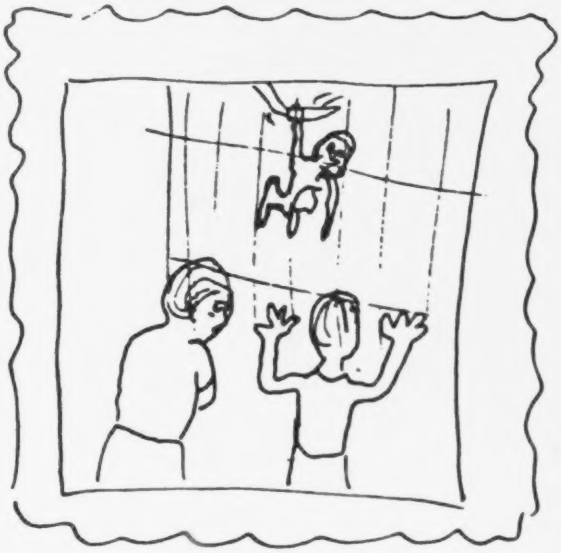
I was scared when I 1st got to the Childrn's Center because there were so many children and big ones. I made some friends with boys in my cottage. I remember Ma Willis and Mr. Sharp. He taught me how to tie knots and took me places. I went to school at the Center.

A couple days after I went to the Children's Center, Mrs. Shiner came back to see me. She told me I would be staying at the Center. She took me to the park and came to see me every week. One time we went to the zoo with two of my friends.



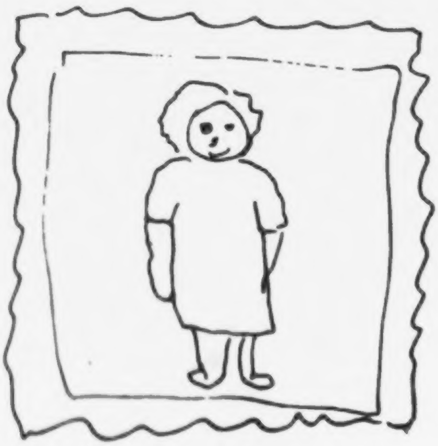
Bobby ate 2 ice cream cones.

Me and Tommy made faces at the monkeys. Tommy is waiting for a new family, too.

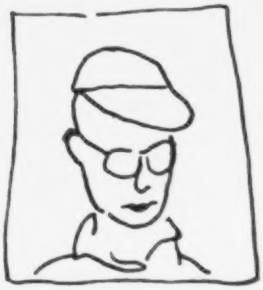


Mom came to see me a few times. Then they said I was going to a Foster home. But the peoples' name wasn't Foster. it was Johnson. Mrs. Johnson was big and fat but Mr. Johnson was skinny. Mrs. Shiner was my social worker who took me to see mom at her office building. One time when we got there mom had a big present for me cause it was my birthday. I remember she gave me a basketball.

This is a picture of Mrs. Johnson.



and Mr. Johnson



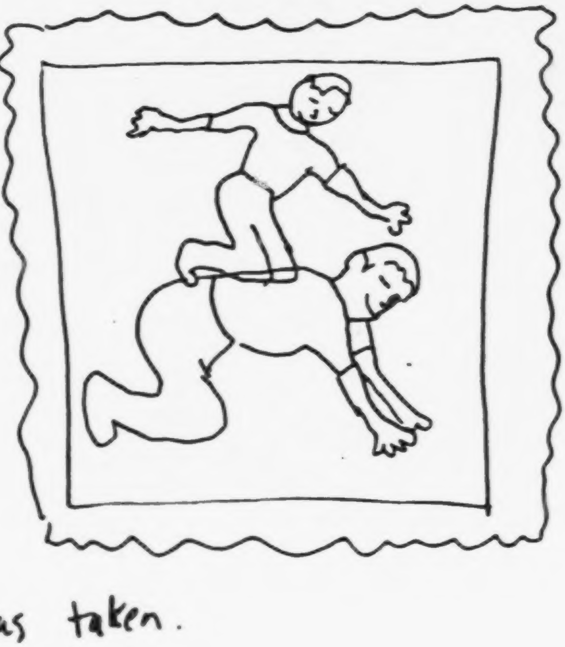
They were good to me and helped me with my homework. I didn't Like the chores they had me do, which was washing dishes and feeding the cats. I liked the cats, except when they Scratched me.

Just before Christmas in 1976, when I was 8 years old, my mom came to get me. She told the Judge she could take care of me at home better and would send me to School. My caseworker still came to see us at mom's house.

Mom had married Tom Craft, who was an old man - about 40 years old. We got along OK but we didn't do much, in March 1977 mom went back to see the judge one day. The next day a different caseworker came to the house and took me for a ride. But she took me to another foster home and wouldn't let me go home. She told me mom had told the judge she couldn't keep on taking care of me. My brother and sister were in another foster home. I don't know why mom didn't tell me goodbye, but my new caseworker says it was real hard for her to admit she couldn't keep me. We didn't have enough food and mom and Tom got in fusses when he didn't have a job.

I didn't understand any of that then, and I was mad at everybody and felt bad.

I don't remember the names of those Foster parents because I didn't stay there but one night. I ran away to go back home. A man found me when I got lost and called the police. I was really scared then, so I was glad when the cop told me he was takeing me to the Children's Center. Ma Willis wasn't there any more, but Mr. Sharp was and he remembered me.



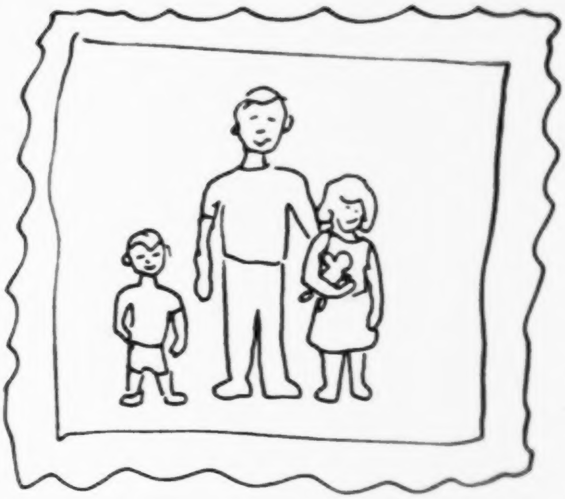
me and Mr. Sharp at the Children's Center.

I was about 10 when this picture was taken.

In July, 1977, Mrs. Shiner took me to the judge for a hearing. Mom didn't come. I wanted the Judge to send me home, but he didn't ask me. Mrs. Shiner explained about Mom and Tom having troubles and not being able to take care of me or my brothers and sisters. Alicia and Bobby were there, too. We played in the hall some, but Bobby couldn't bounce a ball very good.

The judge told us all that Mom and Tom couldn't take care of us any more, so he was going to get Mrs Shiner and another lady to find us another family.

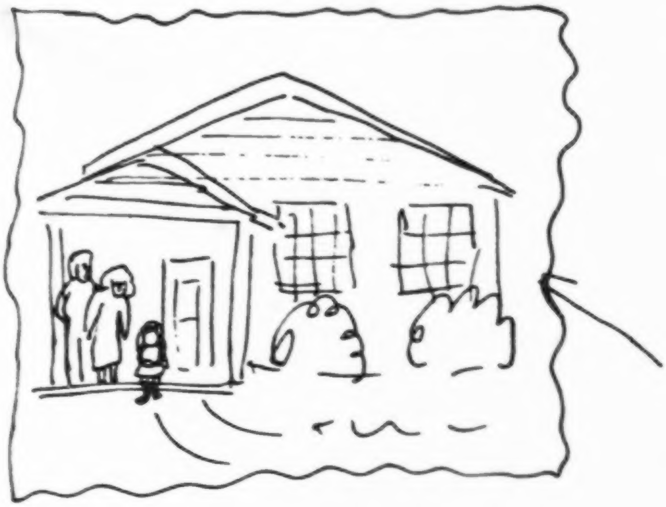
I remember feeling kind of funny in my stomach after the hearing. Mrs. Shiner took me to get ice cream but I couldn't eat it. We talked about her finding me a new family.



This is
Me, Alicia, and
Bobby Together

Mrs. Shriner came to see me after the judge saw us. We talked about being scared to go to a new home, and about why I couldn't go home. I told her if I couldn't go home, I'd go stay at the Children's Center. But she said I could have a family all my own, and live in a real house with my own bed and everything. We talked about the kind of families I have lived with and how if Alicia and Bobby didn't live in the same family with me, I could still see them sometime.

One day Mrs. Shiner brought a book with pictures of a family named Mr. and Mrs. Calvin, and Sandra Calvin. They have a pretty white House and a puppy named Sam. Sandra is about 7 years old and in the 2nd grade.



Mr. and Mrs. Calvin and Sandra in front of there house.

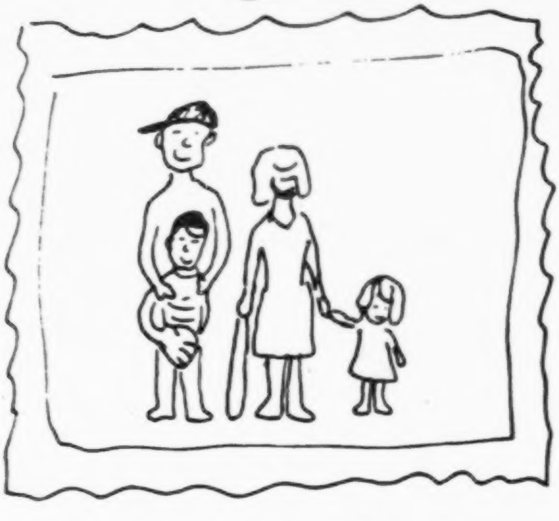
This window is in my room.

We looked through the book and talked about how I might like living with them. I got to meet them the next day, and they wanted me to come visit. Mr Calvin bought me a baseball glove and threw the ball with me. He took the glove home with him to keep until I come visit.

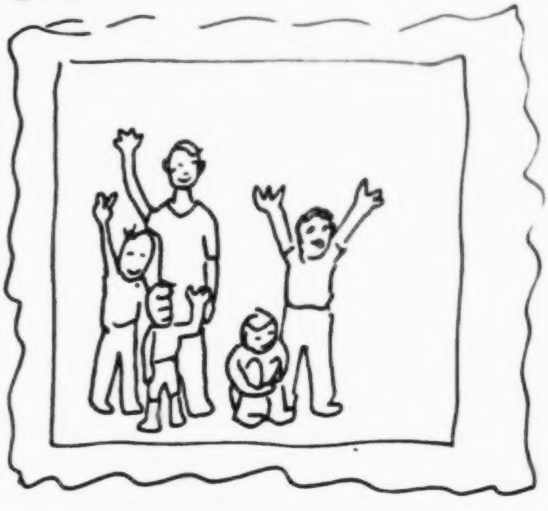
I met the Calvins on August 12, 1977. I went to visit that weekend, August 14 and 15.th I like the room they have for me. It has bunk beds.

They know all about Alisia and Bobby and showed me where they can sleep when they come to visit sometime.

The day I left Children's Center to go Live with the Calvins - my Adopted Family August 24, 1977



The Calvin family



Mr Sharp, Bobby, Tom, Jason and Ralph waving bye at the Center.

New pages in my life story

Living with the Calvin's

to be continued...

Chris Calvin

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APPENDIX F

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- Group Child Care Consultant Services, School of Social Work, University of North Carolina, Chapel Hill.

APPENDIX G

AUTHORS OF THE MANUAL

The members of the Group Care/Adoption Project Task Forces have all had a great deal to do with the development of this Manual. The guidelines come largely from their individual and collective work in adoptive planning for children in group care. All have reviewed the Manual drafts. In addition, certain members and their colleagues have written sections of the Manual, as described below:

Parker McLendon (N.C. Child Care Association) wrote the Chapter II sections on permanency planning and residential group care.

Ruth McCracken (Children's Home Society of N.C.) drafted the Chapter II section on adoption services, with suggestions from Helen Alspaugh (Guilford County DSS, N.C.).

Karen Lynch (Elon Home for Children, N.C.) contributed a great deal to the writing of Chapter III.

Frank Lewis (The Children's Bureau of S.C.) and Charles Hodge (Mecklenburg County DSS, N.C.) advised in the writing of Chapter IV and wrote the Appendix C section for their respective states.

Lynda Purcell (Guilford County DSS, N.C.) contributed to Chapters III and IV.

Eunice Bonner and Marsha Horn (Spartanburg Boys Home, S.C.), contributed to the writing of Chapter V.

Caroline Burry (The Children's Bureau of S.C.) wrote most of Chapter VI.

Miriam Dawson (Connie Maxwell Children's Home, S.C.) and Cecille Erwin (Chester County DSS, S.C.) wrote first drafts of Chapter VII, which were combined by Marie Aldridge (Crossnore School, N.C.) and Peggy Baird-Richter (Grandfather Home for Children, N.C.).

Ann Sullivan (Region IV Adoption Resource Center) provided a great many helpful suggestions which are incorporated throughout the Manual.

Patricia Sipp (Project Coordinator) wrote remaining chapters and edited the Manual.

● Consultation
● Study and Evaluation
● Chapel Hill Workshops
● Training and Research

Group Child Care Consultant Services

School of Social Work ● University of North Carolina at Chapel Hill